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Some aspects of change processes in complex organizations: A case study in the Reorganized National Health Service.

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SOME ASPECTS OF CHANGE PROCESSES IN COMPLEX ORGANIZATIONS : A CASE STUDY IN THE REORGANIZED NATIONAL HEALTH SERVICE.

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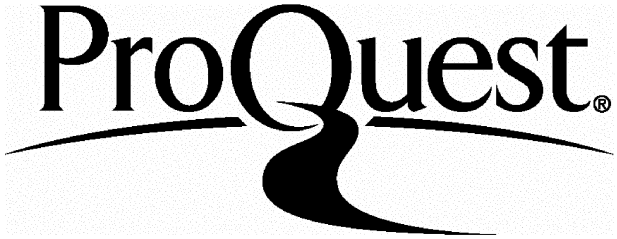

SUMMARY.

This thesis describes two pieces of fieldwork undertaken by the author as an internal organizational development consultant working for the Reorganized National Health Service. The first description is of work within a teaching hospital which attempted to come to a better understanding of the role of the lay administration. The effects of personality and technology are described, and a description of the author's methodology is included. The second description concerns an attempted reorganization of an Area Health Authority's senior administrative structure. Emphasis is given to the complexity of the organization, and the effects of change, particularly on a traumatized operational organization and on an inchoate central organization i.e.an operational level working more or less effectively in spite of the widescale changes made to senior staff, and a central organization developing its control and monitoring systems where its members were strangers to each other and the local organization.

In interpreting his observations and findings the author seeks to use concepts from systems theory, and links between neurophysiology, child development and cybernetics are suggested with organizational theory. Enterprises are

considered as self-organizing systems, and the ideas of 'network' and 'hierarchy' are explored. Mechanisms promoting or damping change are suggested. An 'ecological model' is presented which seeks to establish that change at individual, interdepartmental and organizational levels relates to niche negotiation. Work on interpersonal relations, managerial behaviour and inter-organization relationships is reinterpreted to demonstrate the common element of competitiveness to establish controllable life-spaces.

The role of the internal consultant is considered, especially structural constraints which the author suggests renders the role untenable for anything but short periods.

The appendices include a review of various explanations of human social behaviour which purport to rely on man's biological background. These are considered from the point of view of the student of organizational behaviour and are rejected as being either over speculative, or too restrictive in their applicability.

The author's anthropological orientation is reflected in the participative observation methods used by him, the emphasis given to holistic interpretations and the interest in the biological roots of the behaviour of people and their organizations.

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PART A.

SCENE SETTING

CHAPTER 1

POWER, COMPLEXITY AND CHANGE IN THE MODERN NHS.

I was attracted to hospitals for vaguely altruistic reasons, I stayed because they are fascinating places. I came fresh from a first degree in anthropology (- "but what use is anthropology to us?," asked the interviewers querulously) - and found real life Nuer and Dinka but called nurses and doctors, Kwakiutl and Eskimos but called cleaners and engineers. The rites de passage, cultures and subcultures, rank structures and myths were all there. But two elements above all else stood out. Firstly, the complexity of the organization. Secondly, the diffuse distribution of power. Whatever conceptual framework is used to analyse that organization these two factors are central.

I joined as an administrator (- "don't become an administrator if you are attracted by any ideas of altruism", warned the interviewers, and I said "no, no, I quite understand", but I didn't). As an administrator I found that my job was nebulous and consisted of sorting out problems of all types. Almost always this meant creating

change. Always this meant more problems. The complex interdependent nature of the organization resisted change, and what power could I as an administrator exercise to overcome that resistance?

The time I joined was particularly significant because only eighteen months later the great 'Reorganization' was coming. After 25 years the tripartite structure of the NHS was to disappear and with it the Hospital Management Committees, Medical Officers of Health, Executive Councils and Regional Hospital Boards. In their place would be Regional Health Authorities and Regional Teams, Area Health Authorities and Area Teams, District Management Teams and Community Health Councils. Extra excitement was added because no-one knew who would get what jobs. Because of the training scheme I was on I was able during those eighteen months to watch how individuals and organizations at all levels in the service prepared for what could only be described as a traumatic change. How could one analyse what was happening, or predict results? It was these questions that led to me embarking on a search for analytical frameworks to interpret life in organizations, and, more particularly, to interpret what happens when major change is inflicted on large complex organizations.

Three words then seem to characterize hospitals, particularly during the recent history of the NHS: power, complexity and change. They each need some comment before I begin to discuss why I eventually chose the analytical framework I did.

Power in the NHS.

The concept and definition of 'power' is a field of debate in itself but I want to use it in a fairly simple way to imply the ability to influence other people and to make decisions binding on them. Strauss (1963) describes hospitals as a 'professional locale', in other words they are a geographical zone where a variety of disciplines and professions congregate to apply their skills and knowledge ostensibly for the care and cure of the sick (I will ignore all the questions this raises about the aetiology of sickness, the patient role, what we mean by 'professions' and the other aspects of medical sociology as fascinating but irrelevant here).There is however, no unified chain of command in NHS hospitals. Each profession and discipline has a separate organization. Nurses have a very simple hierarchical organization based on a military model with a boss in the shape of a district or area nursing officer. Within a hospital there will probably be two or three bosses, i.e. one each for general nursing, midwifery, and mental nursing, depending which of

them are represented. Most of the other professions and disciplines have a similar pattern of organization but on a smaller scale as far as numbers are concerned. There will be a head porter, chief pharmacist, head radiographer, principal laboratory technician , superintendant physiotherapist, etc, all head of their own department and taking managerial and professional responsibility. They are 'boss' within their department and will be consulted in matters that overlap their responsibilities, but their responsibilities generally lie only within their own profession.

Medical staff have primacy as far as medical matters are concerned. They are responsible for the diagnosis of patients' conditions either through their expertise or through referring patients for further tests. They are also responsible for the prescription of therapy such as drugs or physiotherapy, and may carry out the actual procedures themselves e.g. surgery or psychoanalysis. Their influence is pervasive throughout the organization and is often referred to as 'the real power'. But it is not an organized power.

The 'medical superintendent' who used to wield the final say in hospitals was officially phased out in the late 1950's. Their demise was due mainly to the increasingly specialized nature of medicine. Physicians would not accept the rule of a surgeon, and vice versa. Even within one general field, say surgery, cardiac surgeons do not accept that a urologist knows enough about their work to make binding decisions on them, nor would plastic surgeons accept neuro-surgeons, and so it goes on.

Each speciality is quite separate from all others, and each consultant and his 'firm' is separate from all others. It is common to find that Drs X and Y who are both in the same speciality and share the same outpatient and theatre suites, but on different days, and have beds on the same wards, rarely see each other. Although others may think of them as a group, they themselves have no such relationships and their methods, and philosophies and work rates will show large variations.

In order to try and make more sense of the situation the Department of Health and Social Security (DHSS) has encouraged hospitals to set up 'Cogwheel Divisions' (so called because of the cogwheel pattern that adorned the covers of the three relevant reports (HMSO 1967, 1972 and 1974)). These divisions consist

of all the consultants and various other doctors (and often representatives of other related non-medical professions) for a discipline who will all meet together to discuss matters of common interest, decide policy and make recommendations. Their elected chairmen will probably constitute a further committee called a medical advisory committee, hospital medical staff committee or some such similar title, that provides a further integrating mechanism. Many authorities and hospitals have adopted this system and it greatly aids co-ordination, but it does not occur everywhere.

The point to be stressed is that traditionally the model is of consultants giving (often honorary) service to hospitals. Their complete independence even from (especially from?) one another is still fiercly upheld. At hospital level there is no-one in charge of the consultant staff, although they are the managers of their junior staff. And although there are such creatures as district community physicians and area and regional medical officers, they are <u>not</u> in charge of medical staff in the way that their nursing colleagues are in charge of all nurses. (The implications of these differing types of authority are quite profound for the practice of multidisciplinary, team, or corporate management). Polly Toynbee in her description of The London Hospital (1977) expresses the point well:

> "The consultants are left to fight it out amongst themselves in a series of complicated and unsatisfactory committees. Each of them strives to increase the size of their domain. Few, it seems, have any consideration for the general good of all patients, only, putting it at its best, caring for the rights of their own patients.
>
> There is a belief amongst doctors, unassailable and inviolable, that nothing, no authority in the world must come between them and their patients. They and only they must have complete freedom to prescribe the right treatment. It is on this basis that the consultants can build around them such powerful empires. There is no one above or below them to challenge their authority".

The influence of these individuals on the organization in terms of expending resources and dictating patterns of work is obvious i.e. power in my terms, is very great, but it is a diffuse power that cannot be controlled and will not be harnessed.

And what of the administrators? In each hospital there will be a hospital secretary or sector/unit administrator. A common definition of the administrators role is that he provides the environment for the professionals to treat patients, with no responsibilities for clinical matters. However the position is rather more complicated. The decline of the medical superintendant coincided with the growth of money supply in the post war economy and the development of a massive buiding programme initiated by the Minister of Health, Enoch Powell, in 1962. The influence/power of administrators therefore grew because they had control of the money supply and because they were the only generalists in the system. Nature abhors a vacuum.

Administrators traditionally had line responsibility for most of the hotel and ancilliary services e.g. catering, engineering, portering and so on. They also had, by default, some sort of undefined responsibility for <u>all</u> the non-medical non-nursing, professional and technical staff. They were responsible for looking after patients' property, keeping records, paying wages, buying supplies and organizing capital developments. Whatever problem came up they were likely to be consulted and be expected to try and sort it out. Their influence was therefore considerable, but it was severely limited in that they had few formal powers.

Over the last decade or so various changes have taken place. Hospitals have centralized and enlarged, and their constituent departments have grown larger whilst staff groups have also professionalized. Consequently departmental managers increasingly resent control from outsiders, whether those outsiders are medical or administrative. 'Functional' managers have been appointed at higher levels than hospitals with responsibilities for such things as catering or housekeeping, and even supplies and personnel.

Also, because the NHS is an arm of government there is increasing pressure both from politicians and the public, in the form of patients or ginger groups, to monitor results, standardize performance,question the quality of treatment given, and account for money. That pressure is placed on the shoulders of administrators. Administrators themselves therefore, frequently feel that they have less and less power with more and more responsibility to influence events. Once again the lines of authority are very unclear.

As might be expected the relationships between doctors and administrators is fraught. Again Toynbee expresses it well, although, in the following passage, the term 'barons' would be more apt than 'kings':

"The hospital is not one organization, but a collection of empires in angry competition with each other for beds, money, machines and other resources. This is not an idle metaphor, but the truth. There is no one higher than the consultants, no higher authority. The Administrators are the mere servants of the kings. They co-ordinate, and try to keep the building and the non-medical staff functioning. They cannot interfere in any way with how consultants run their kingdoms. Nor can they make serious priority judgements between departments. The District Management Team decides who should get large sums of money under much pressure from consultants lobbying. But the consultant in his own department is autonomous. Only he decides how many patients are seen in out-patient clinics. Since re-organization and the passing of old authoritarian House Governors, a new brand of dynamic young Administrators fresh out of hospital administration courses has taken over, but they are without power, respect, or seniority. They are only housekeepers, not house governors, and they have a hard time".

Wilson (1975) also describes the relationship:

> "Doctors are fiercly independent professionals who control expert knowledge; administrators are nascent professionals who are, in Chester Barnard's phrase, "Specialists in generalities" but have not the cachet in the medical world that executives in other organizations possess. Since physicians are only minimally subject to the hospital administrator's direction, it is apparent that, to some extent, the social structure is inherently divisive. Clashes between administrative and medical desiderata are among the most disruptive of hospital conflicts; like other conflicts we shall rehearse, notably in the area of interprofessional competition, they are truly structural and thus only very partially dependent on the personal indiosyncracies of specific doctors or administrators".

Wilson writes from an American standpoint so his observations suggest that my descriptions are valid not just within NHS hospitals. He says of the administrator:

> "Co-ordination of specialized activity into a whole that makes organizational sense is the huge and delicate task of the administrator, a task that is never completed to anyone's entire satisfaction".

Naturally, the American hospital is in many respects different than its British counterpart, particularly in its method of funding and its relationship to potential and actual clients. However, descriptions such as Wilson's suggest that there is something about the technology of medical treatment delivery that generates very similar patterns of relationships under a variety of different cultures. Weisbord (1975) describes an American medical teaching centre that is much like the one I decribe later. He notes that it is 'not one organization at all', and talks about it being tied into 'a patternless web of relationships'.'Nobody is clear about the relationship between management and governance'. In particular Weisbord concentrates on the role of the deans. Although medically qualified the deans are in a position reminiscent of the British lay administrator:

> "The Dean overloaded with expectations, whipsawed between external and internal affairs, remains the single, widely-recognized legitimate authority for making centre-wide decisions in most places. No man can do it...."

My brief description of the power distribution in hospitals perhaps shows why the task is so difficult to perform. It also demonstrates the second main feature of hospitals: complexity.

Complexity.

Elliott Jaques begins his latest work "Health Services" (1978) with a paper entitled "Complex organizations and individual freedom", and the rest of the papers it contains illustrate the complxity of health service organizations.

Most writers about hospitals comment on their complexity. Perrow (1965) states that "hospitals belong in that category of structured, enduring social relations called complex organizations (or large scale organizations, or formal organizations)". He notes that this complexity is due partly to the power structure: "The differences between hospitals and most organizations are obvious, and a basic one that researchers have focussed upon is the system of multiple authority or multiple subordination". Perrow also recognizes that the complexity is partly due to the variety of technologies employed, as does Nash (1975) who opens his paper on industrial relations in hospitals with the sentence: "In a complex organization it is the technology which structures the distribution and type of workers, the degree of their skill, their degree of interaction, and the character of their work relations with each other".

Wilson claims that "As a social organization, the modern hospital is one of the most complicated enterprises in our civilization.... the hospital entails a multiplicity of goals, a riotous profusion of personnel, and an extremely fine grained division of labour.... the very complex and enveloping character of the institution is at once perhaps the first thing to know about it and a primary reason why it fascinates the social researcher... a compelling scene for the study of behaviour".

Rowbottom et al (1973) describe hospitals as "this very complex type of organization". Bugbee (1961) writes (again from an American perspective) that "hospital administrators have long been conscious of the complexity of their assignment, and the word "complexity" in describing the hospital is a fact as well as a cliche".

And one very significant aspect of this complexity, particularly as far as the role of administrators is concerned, is the dynamics of the organization i.e. change.

An impression of the complexity of a modern hospital is gained from Appendix 11

Change.

As the previous description of power structure will have indicated there is a constant shifting of relative positions amongst hospital personnel. As Wilson puts it, "A struggle for place in the hospital sun is unremittingly waged by most of the myriad occupational groups". Again he writes "such pairings as nurse-dietitian or nurse-social worker are often engaged in situations of unclear power, in which resolutions can only be hammered out on an ad hoc basis".

In the following quotation from Tuckett (1976) we see both the theme of the consultants' independence and the idea of unceasing negotiation of positions:

> "Hospitals are like large business firms, medical schools or universities are an amalgamation of interests and pressures...usually each consultant has his own medical team, which treats patients in his beds, and is effectively independent of his peers. Furthermore, because he has ultimate clinical authority a consultant can, as I suggested above, bring pressure on medical and nursing staff to carry out his orders and suggestions by implying that death or other harm might come to a patient if they do not. but at the same time his firm is

> often part of a department and that is part of the hospital in which there will be many other firms or departments competing for resources. In this situation, a consultant has to barter and negotiate in order to obtain the resources he wants....".

The hospital administrator is the one everyone goes to when problems do not belong clearly to any other profession or discipline, or when some sort of third party arbitration becomes necessary. But his power is clearly limited, and as Green (1974) has written, "it is not too clear what they are really skilled in, apart from the turgid procedures of the health service". As they meet the constant stream of difficulties they are constantly proving Thompson's (1967) remark that "administration is a process of coping with uncertainty". Almost every solution or coping reaction will be one of introducing a change in the negotiated equilibrium. Hospital administrators are therefore engaged in orchestrating change, either changes imposed by external events, or by fresh negotiating bids by other staff, or promoted by administrators themselves.

CHAPTER 2

THE LITERATURE AND A CHOICE OF FRAMEWORKS.

What better field of study could be of assistance to hospital administrators than the literature on organizational theory? There are dozens of books on organizational change - much of the literature is specifically written by and for organizational "tinkers" (Goffman 1961 and Mangham 1978). As Lippitt (1969) remarks, after listing 8 goals of organizational renewal: "all the above involve change, which is a word much used in organizational theory".

OD practitioners are often referred to as 'change agents'. One might therefore suppose this to be a well searched area, but generally speaking the changes discussed in the literature are either small scale or evolutionary. The NHS reorganization, however, appeared to be on a traumatic scale rarely encountered. 'Takeovers' might create a similar situation, and Marrow, Bowers and Seashore have described such a case (1967)

The trouble with much of the literature, however, is that the descriptions of change are too good to be true. It is formulated, introduced, executed and completed neatly and ethically by skilled and well meaning consultants. Even the difficulties and hitches do not seem so real as the ones faced in real change situations. Where are the cases of failure? Where is the mess? Fortunately, the critics of the OD movement have helped to redress the balance, and more recent authors have written a little more realistically about their difficulties.

In particular, several of the 'classics' I read early on in my search for understanding seemed to place too much emphasis on the potency of the consultant and too little on the realities of power distribution and the role of the bosses. Guest's (1962) study of organizational change, for example, shows how over a period of four years a division of an automobile company moved from worst to best performer because of the wise change of style of the new manager. We are told that the new man "Cooley" did not make large changes, that he acted benevolently, and generally had regard to both the social and technical systems. But we are also told that his predecessor was retired early and the new man was given the specific authority to make any necessary changes, get rid of 'dead wood', and so on. If the boss can be kicked out and the successor has such new powers that seems to me to be a powerful incentive to subordinates. It suggests that the power at the top of the hierarchy can have as powerful a shaping effect as the OD techniques themselves.

Similarly, Mullen (1966) describes three divisions in an insurance company and their managers. Mullen looks at their effectiveness and the styles of the managers and tests out various reasons for the differences in the divisions. But one of the most significant elements in the whole story is

given almost as an aside. It appears that "all three of the regional-office vice presidents clearly and unequivocally stated that the authoritarian leader Charlie Carey, was by far the most effective of the three managers. All three rated Carey as an outstanding manager. As one of them stated, "Carey is one of the most outstanding managers in the company today; in fact, one of the best managers known in this business." On the other hand, all three executives rated the other two managers as only 'average'. One was thought to be stubborn and independent, and the other was considered to have over reached the limits of his capability, inarticulate and uninspired. If the book is read again with this in mind the whole situation can be reinterpreted!

Gouldner's (1954a) description of the build up to a strike in a Gypsum mine is well known. The new manager is a bureaucrat who screws down on the existing "indulgency pattern". What Gouldner does not tell us much about, until the sequel (1954b), is what sort of bosses occupied the seats of power in the parent company. We can decide for ourselves when we are told that after two years the new manager was demoted to a supervisor's post in the maintenance department and replaced. The supervisor of the board building section was demoted to a foreman and replaced; the office manager "was demoted to a clerk in his own office and was replaced", and the head of the warehouse was demoted to a foreman there and replaced. Each of the last three had been with the firm

for over twenty years. Surely the existence and use of this sort of power coloured much of what had happened and should have coloured Gouldner's interpretation. It seemed to me as I read these accounts, and others, that what was of real importance in understanding organizational behaviour and change was the hierarchical nature of organizations and the effects of the power of the higher echelons. The literature was too neat.

I therefore determined to focus on change in organizations, and in particular widespread large scale change that could not be neatly and comprehensively planned. Hospitals seemed particularly good examples of unusually complicated distributions of authority, and a traumatic change had just been inflicted on the organization that was greater in scope than most of those described in the literature. My study would be of a planned change worked through by an internal consultant (itself an unusual viewpoint in the literature and one to which I devote a chapter at the end of this thesis)within a general milieu of change. I would seek to concentrate on the effects of hierarchy and power in the changes, and would try to learn from the findings of research with other natural systems. As it happened, I was able to tackle several projects in the organization

over a longer period than was at first planned, and I was able to see at first hand what was happening at various levels in the hierarchy. My dissertation became a thesis.

As I began to read the organizational literature I was struck by the variety of models expounded, and by the variety of organizational life on which attention had been focussed. The most comprehensive theories were based on the systems approach, but the whole application of systems theory to organizations is criticized by some authors as misguided, and merely a reification (e.g. Silverman 1970).

Does the systems approach generate theories or merely analytical tools for practising consultants? Clearly organizations are systems in that the component parts are mainly living (human) and are very interrelated. There are organizational goals different than, and even opposed to those of the individuals working towards them, e.g. oppressing the producers of raw materials, corrupting with 'slush' money, or polluting the environment. This is not to say that organizations have 'life' comparable to the lives of human employees, nor that organizations are like big humans. This would be merely anthropomorphic reasoning. But tissue cells are living and have life of a different type than the organism they are part of, and

we do not baulk at referring to human beings as one order of system. It matters nothing for example that we reproduce in ways other than mitosis, the cell and the whole body can both usefully be described as systems and comparisons between them can yield useful models.

Again, it can be argued that living natural systems have more concrete boundaries than 'social' systems. But our studies of humans encompass many more multiple and overlapping boundaries than in cell studies e.g. words, life space, created things. This is even more true of larger organizations, but we do not need to conclude that their sameness or non-sameness is relevant in deciding whether they are natural systems. Clearly there are qualitive differences but it also seems clear to me that there is a real sense in which organized groups of humans can be said to be 'natural systems'. I wanted to examine further what we could learn therefore from other orders of system which might be useful. Without people there are no organizations so would it be possible to develop a general framework from the biological sciences without falling into the trap of merely drawing simple analogies?

The 1976 Reith lecturer, Dr Colin Blakemore, made an introductory comment that he believed sociological explanations would soon come from a better understanding of the structure of the brain. The following pages chronicle a search that led me from primatology to just such a study of the brain because what took place was action research not anthropological research i.e. I did not carry out the research and then look for a framework, the two ran in parallel, I was testing out new models against what I was seeing and constantly trying to use them and refine them.

The relationship between our biological existence and our social behaviour has also been a major source of interest to me. Whether it ante-dates or post-dates my period reading anthropology at University College, London - where of all departments of anthropology in Great Britain "compulsory training on the biological side is perhaps strongest" (Gluckman and Eggan, 1965) - I am not sure. Certainly as I studied both social and physical anthropology there I was disappointed that the emphasis of the latter was on the evolution of physical features and the linking mechanisms to social behaviour were not satisfactorily explored (now I can perhaps apprehend why). Again, the organization I have chosen to study and work in

has traditionally been concerned with biological processes - indeed its slowly awakening concern for 'whole' patients and even families is part of the change process going on. So I was predisposed to look for biological models of behaviour and early on in my research I carried out a survey of the various biologically based theories that tried to explain human behaviour, to see if there was anything useful to the organizational analyst.

A detailed report is presented later (see Appendix 1) but my conclusions were that at this stage the mediating mechanisms between what has more recently come to be called 'biosociology' and the behaviour of human beings were far too nebulous to be useful to the student of business enterprises. As will be seen later this ruled out,amongst other things, ethological, morphological and endocrinological explanations.

This was unsatisfactory because my reasoning indicated that the mediating mechanisms ought to have been there. An organization is interalia a system of human beings behaving. These human beings themselves are systems composed of organs that govern behaviour, in particular the brain and the central nervous system. The brain itself is a system of cells whose behaviour is controlled

by coded strands of amino acids. One would expect that research and knowledge about different levels of system would shed light on other systems, of all types.

Yet studies of whole human bodies, their evolution and the behaviour of their nearest animal cousins, threw little or no light on what I observed as my first field study got under way. Analogies abounded, yet there was nothing I felt was homologous and therefore of use in building my framework.

One of the reasons for the difficulty is that adult human behaviour is masked by culture, experience, and great complexity, from indisputable observation and correlation with its putative origins. My attention therefore shifted to another level of system, the brain and its development.

Observation of the organization suggested that it was made up of similar units - men and women - all in close proximity and communicating in various ways and being controlled so that they worked more or less in harmony. In actual fact the recently re-organized organization I was examining was in some ways in considerable disarray, yet somehow continued to function. This seemed similar

to a brain and its activity, and I started to try and find out how a brain developed, and what happened if it was seriously damaged. At this stage I confused these two questions into one, under the general question, "how does a brain organize itself?" And as these studies progressed I met another group of researchers approaching the same area from another direction i.e. the cyberneticists whose interest was in building electronic or mechanical brains, and then trying to work out control mechanisms. My interests then turned to random networks, either in the brain or in electromechanical circuits, to see if light could be shed on the more or less random networks of humans we call organizations. In particular, would that knowledge explain (i) why the organization was so disorganized and unco-ordinated yet the service was still provided somehow, and (ii) how it might be expected to develop, naturally or with help.

Yet differences occur between organizations and organisms, and the major one is highlighted by Deutsch (1968):

> "The difference between organizations and societies rests then, in the degree of freedom of their parts, and the degree of effectiveness of their recombinations to new coherent patterns of activity".

In other words people can regroup, and even leave, cells and electronic components can not. Furthermore, cells are part of the system all of the time, whereas people spend most of their time outside the organization and have different interests and relationships. (An examination of the Japanese position could be enlightening here. In the paternalistic company "villages" the individual is presumably far more interrelated with the organization and the distinction is less valid).

Horsmann (1973) too observes that in organisms the activities to be co-ordinated are biological functions, i.e. integral parts of the organism itself. The human bits of an organization are not. Again the physico-chemical processes of the former may be analogous to the firm's communications systems - but the former are species specific, the latter are variable. Another difference is that an organism's goal is survival, but to the organization this is merely a necessary requirement for meeting other goals. Again, the organism does not have to optimize its specializations in its lifetime. It is adapted or not, it lives or dies - it is the species that adapts. But a firm can restructure and has an indeterminate life.

However, this major difference notwithstanding I believe that there is reason to look at different levels of systems as qualitatively similar and therefore to look for homologies rather than analogies. This means looking for processes rather than gross morphological similarities, for Horsmann himself says that "one of the main concerns of General Systems Theory is the existance of structural similarities and isomorphisms in different fields". Similarly, Beer (1972) notes that "The main discovery of cybernetics...is that there are fundamental principles of control which apply to all large systems".

The real question is whether organizations can be considered as organisms in anything but an analogous manner. Schon (1963) makes analogy more respectable by talking of the'displacement of concepts'. As long as one is not merely carrying theory from one situation to another, as long as some restructuring of the theory occurs, it is an acceptable and ubiquitous means of extending our understanding. In the field of human behaviour he observes that we tend to use the most advanced machines available to describe the brain. He says Descartes used the hydraulic pump, Freud an electrical device, and cyberneticists a computer.- although his comment about Freud is open to question.

This observation seems to be accurate in that many of the comments linking the brain and social structures are primarily drawing attention to analogies. Rapaport and Horvath (1968) have drawn out the similarities at some length and set out to do more than engage in "sterile metaphorical analogy":

> "Quasi-biological functions are demonstrable in organizations. They maintain themselves; they grow; they sometimes reproduce or metastasize; they respond to stresses; they age, and they die. Organizations have discernable anatomies and those at least which transform material inputs (like industries) have physiologies; since organization without internal communication, integration and control is unthinkable".

Clearly care needs to be taken in comparing organisms and organizations and we have noted the similarities and the dissimilarities. But as I have indicated these fields of study did seem to have descriptive value for explaining what was happening in the health authority in the days following the Re-organization.

It was only after I had written my draft thesis and had developed my ecological model that I came across two papers of Mangham's (1975 and 1978). The former deals with one of the objections I had to models which treat the individual as a lone actor able - albeit unconsciously - to choose his repetoire of behaviour. It seemed to me from the opportunities I had to observe actors (including myself) that their behaviour accommodated the people being interacted with, and that this led to a process of continuous negotiation. Mangham's description of the way alter and ego interact fits well my interpretation of human inter-relations, and he goes on to say that "the process of negotiation of order and change..... is omnipresent though not necessarily evident".

In the later and more substantial work Mangham notes that there are two major streams of thought influencing organizational theorists and practitioners, the 'systems' and 'humanistic' approaches. Both are seen to be partial and open to misapplication.

Mangham sees systems theorists as having a 'relative lack of concern with the individual actor' who is pictured as being ' completely moulded by the particular

norms and values of his culture: a perspective which has extreme difficulty in accommodating ideas of change and deviance". Such an approach is the outcome of a positivist orientation to problems of social behaviour, with the goal of isolating 'laws'.

By contrast the humanistic perspective emphasizes the individual to such an extent that it "leads to a denial of the possibility of generalization and, hence, to a hostility towards research methods which seek to discover general laws". It "becomes little more than the worship of the freak and the drop out, leading only to a crude emotional narcissim".

For Mangham the main drawback of the systems approach, "particularly of the ilk I have termed naive", is that "they have no interest in the forming, maintaining or dissolving of relationships, processes which I shall argue are at the core of Organization Development". This means that the approach is difficult to apply in the consultancy situation.

Accordingly, he develops a dramaturgical model which emphasizes the centrality of face to face interaction and "is of more benefit to the would be interventionist than is time and energy devoted to such macro-sociological concepts as technology and environment".

My own conclusions are in harmony with Mangham's views in several respects. In view of the attention I have paid to interaction at the individual level I hope I will be excused from the description 'naive' in my use of systems theory. Certainly I have little sympathy with a view of organizational members that fails to ascribe to them the power of rebellion, rejection or redefinition, and I see interaction as a process of negotiation.

However, I do not consider that the evidence put forward by Mangham is any more convincing, in terms of its reported results, than accounts by other practitioners relying on "macrosociological concepts such as technology and environment". These latter concepts can also be powerful tools for analysis and redefinition-leading-to-action in the hands both of consultants and clients.

Again in his use of the dramaturgical model to explain resistance to change, Mangham seems to me to be close to describing actors as being in "the role of passive receiver of forces" that he has earlier decried. The actor with a script that is so "taken-for-granted, so completely internalized" that the question of change is unthinkable, or the actor who fails"to show that the perceived benefits of the present script would not be lost" in any new arrangements, is hardly better off than the "systems man" who is "determined".

I have no doubts about the usefulness of the dramaturgical approach in understanding many organizational situations, and I can see how useful it would be to expose a 'script' in particular situations. I do not, however, see the model as being a true mediator beween the systems and humanistic approaches, because it is not necessarily inherent in either of them. Perhaps it comes down to preference. I have not yet given up hope that 'laws' may be discovered within the realms of social sciences, and I suspect that they will demonstrate a link between the biological nature of individual men and the emergent phenomena of their social structures.

This thesis is the description of a search for such links. I have not developed a predictive model, it is purely interpretive. It tries to explain organizational change at individual, departmental and inter-organizational levels in terms of an "ecological model". There were dead ends and cul-de-sacs in my search and the major ones are chronicled because I think the constant interplay between practice and theory was a vital part of the process of this research. I hope the final product advances the synthesis between the social and biological sciences, provides a framework for interpreting change processes, and also throws some light on the processes of complex organizations and on the role of the internal consultant.

CHAPTER 3

SOME AUTOBIOGRAPHY AND ACCESS TO DATA.

As will have been gathered from my opening remarks in chapter 1, I joined the NHS as a 'national administrative trainee' following a first degree in anthropology. Basically this is a scheme for recruiting graduates (between 45 and 60 a year) who undergo a series of exposure attachments in all parts of the service for up to two years. During the second year they are put into one or more posts to carry out all the associated duties of those posts, although remaining 'trainees'. There is no accelerated promotion, but by the nature of their selection and training they tend to rise through the ranks fairly quickly, and the scheme is criticized in some quarters as too élitist.

Trainees get the opportunity to sit in on meetings as observers, and many of the senior officers, especially ex-trainees, will talk to them very intimately and openly about events, and so during the training and attachments I experienced in my first twelve months (October 1972 to September 1973) I was able to gain a broad impression of the organization 'girding its loins' ready for 1st April 1974. In particular I became familiar with events in Wales - which was to undergo a slightly more radical change because the regional tier was disappearing - because my attachments were within the Welsh region.

Then, in October 1973, I was attached to the University Hospital of Wales (UHW), which was one of the biggest hospitals in Europe when it was commissioned earlier in the same year. I went there as a senior administrative assistant, working to the hospital administrator and was appointed substantively to this grade at Reorganization in April 1974, six months later. In the same grade I served in several posts in UHW and Cardiff Royal Infirmary (the old teaching hospital before UHW had been commissioned), until October 1975 when I was seconded to read for an MSc at Bath University.

The importance of this period was two-fold. Firstly it was during the six months prior to Reorganization and in the months immediately following it, that substantive appointments were made to the new Area and District Health Authorities. Because it had been the only Board of Governors in Wales many of the better staff were located in Cardiff. This applied not just to medical and technical staff, but to administrators as well. Consequently many middle grade staff were promoted to posts elsewhere in the country. At the same time several senior officers either retired or failed to obtain the posts they had anticipated and a whole new body of outsiders were appointed to senior and upper-middle management posts.

I was in a position to contrast what was happening with what had been forecast to me earlier, and to see how the new organization was put together. Over the longer period I could also see how the old and new faces settled into new relationships.

Secondly, I received more opportunity to investigate quite closely various aspects of the NHS because I was developing the reputation as a 'fixer'. I would be sent into situations where there were problems, or gaps in the administrative cover, and was used to look into or sort out such situations as the housekeeping services consisting of 550 staff, why there were so many requests for vitamin B12 tests, acting as administrator for CRI,and running the supplies department. My approach was to spend time discussing and observing the situation, and using my descriptions of problems to aid the people concerned or my bosses to initiate changes. And it seemed to work.

I wanted to develop various ideas I had as a result of all this, and eventually I made contact with Bath University outlining my interests, and was referred to Geoffrey Hutton who introduced me to the field of organization analysis and development, which was quite new to me. This introduction was expanded between October 1975 and October 1976 when I was granted full time secondment to the University.

Part of the MSc course consisted of a project, and my employers insisted that I return to UHW to try and help my ex-colleagues develop a more effective administration. This I did and drafted out a dissertation, but before submitting it I was accepted by the University as a PhD candidate. It is for this reason that I have given a full account of my activities at UHW in the following section. I was a full time student during the time of the study and was trying to carry out the role of an OD consultant and trying to use as 'scientific' an approach as possible. This is all chronicled.

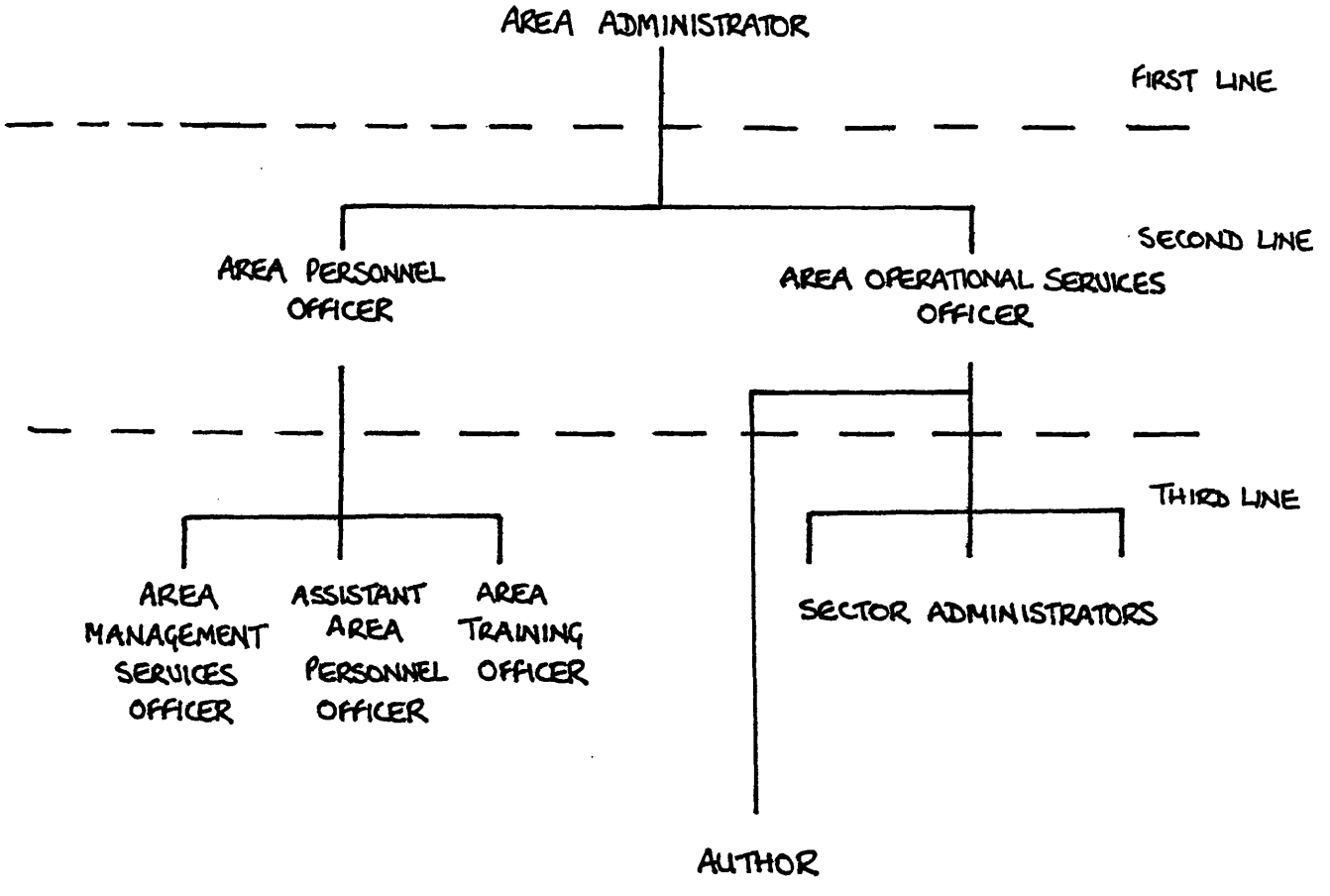
The later studies, however, were not carried out by a full time student with a defined client group and with time to carry out proper surveys and analyses, but by a part-time student who was trying to develop the earlier study and was enjoying various other opportunities to examine the wider organization and, often fortuitously , gain access to new data. I enjoyed such opportunities because after my year at Bath I was promoted to third-in-line post in the Area Personnel Department in what was now South Glamorgan Health Authority (Teaching), with the semi-official title of 'Organization Development Officer'. Almost immediately I was asked to carry out what I would consider was the only OD type project during my time in this post.

This was an attempt to help the second-in-line administrators in the Authority to develop better working relationships between themselves and to redefine their roles. Although this project did not fully develop satisfactorily it did add a new piece to my organizational jigsaw which helped me build my model. This project is therefore also described in the next section, but not in the same detail as the UHW study because I have less hard data to present. Other activities provided more data on which to try out my thoughts, but I never had a specific client group with a fairly easily defined role-set as I had had at UHW, so they are not described in this thesis, although some of the examples and 'colour' come from them.

As a result of the discussions and activities which took place amongst the Area Administrator and the second-in-line administrators, my immediate boss, the Area Personnel Officer, transferred to the Area Operational Services Administrator post which became vacant at that time. I was asked if I wished to transfer also to give him support, and I agreed to do so. The operational services department had consisted previously of only the second-in-line officer and a part-time secretary to co-ordinate and manage all the hospital and community sectors in the area. One thing that had become clear was that this was insufficient, and because of my operational experience I was the best qualified person in the Area on my grade to give support. Because it seemed

likely that due to personality difficulties my OD role would be severely restricted in the new division of personnel and training plus management services which was being set up, I felt that such a move would be sensible.

In my new role I had no responsibility for OD, and the three third-in-lines in personnel, training and management services (especially the latter two) ensured that this was spelt out to me by the new Area Personnel Officer. These three officers were all on a higher grade than me. (See the diagram below).



However, several of the projects I had started during my time in the personnel department had to be continued by me or be dropped, so the new Area Personnel Officer asked me to continue with them on his behalf. Similarly I was involved as an equal partner with the Area Training Officer on several seminars and training workshops for senior and upper middle administrators. When the Area Team asked for work to be carried out to improve the performance of committees in the Authority, it was the third-in-lines in management services and training they asked to do it - and me. When the ambulance services had an industrial dispute which necessitated ACAS being called in, ACAS suggested that an independent consultant be asked to carry out an independent investigation into the service. The management side suggested some possible names but the unions were against outside contract labour for any purposes, so both sides asked me to carry out the survey.

I recount this partly to show how I was gaining access to data of various sorts, and partly to demonstrate the sort of role I played. My grade was anomalous. The new Area Personnel Officer told me I should be paid at a higher rate but for a variety of political reasons he would stop me getting one for the post I was in. My boss said exactly the same for different reasons.

My role then, was at variance with my grade e.g. at meetings of the sector administrators who were all responsible to the same boss as me, and who were all of a more senior grade and all older than me, I would be chairman if the boss was absent. I was excluded from the monthly Senior Administrative Meeting to which the third-in-line officers (including sector administrators) were invited because of my grade, but in the absence of my boss I would go to the weekly meeting - which excluded third-in-lines.

In all my activities my grade seemed to be irrelevant, and there were a number of examples of this. I was expected to sort out problems, keep up relationships and generally behave as an independant senior administrator with very little supervision. In fact, at one memorable meeting I was asked by a second-in-line officer from another discipline, "what is the Area Team's policy going to be on this matter?" It was not a sarcastic or humorous question, and her principal officer (an Area Team member) looked expectantly at me for the answer!

What was going on? I do not believe it was because of any personal quality I may or may not have possessed. To some extent there was the element of the magician's black box of tricks. No matter how often one refuted it, colleagues would

assume one had special insights and knowledge that came from studying OD full time at a university. But even more important was the issue of grading.

As long as I was not a third-in-line officer I did not threaten anyone, especially once I was out of the personnel and training division. In operational services I became an ally and a resource to be used by training and later management services - but only as long as I stayed outside the small band of third-in-lines. I could chair meetings of sector administrators because I was not a threat, whereas if they had to choose one of their own number it would have stirred up all sorts of hostility and jealousy. People would have had to start competing for the role of 'eldest brother' and the negotiated equilibrium between them would have been lost. Second-in-lines could let me put up ideas and suggestions to them or the Area Team because it came from an independent OD fellow, not from an ordinary subordinate of one of them, which would have provoked blocking tactics and conflict. They could talk to me and share problems as I was, or had been, part of the political scene they were involved in, but wasn't a competitor with them. (They also expected me to observe a professional ethic not to talk about their problems, even to my 'boss', with whom one would normally have been supposed to have been a loyal conspirator).

At the heart of my thesis is the idea that change in organizations requires covert negotiation for niches, an ecological competition. I became an organizational 'fixer' because I was a sufficiently low grade not to be competing, and it gave me an excellent opportunity to observe an organization from a favoured vantage point.

This 'ecological'model, more details about my activities, and the role of the internal OD consultant are all dealt with later. However, it seemed important to give some insight into how I came by my information, and why the thesis is shaped as it is, before giving the detailed accounts of my projects which appear in the next part.

It was as I was exposed to these various projects and reflected on what was happening not only to my 'clients' but to me and my role, that the model took shape in my mind and began to make sense of what I was experiencing.

But the first step was my work with the administrators at UHW. And at that stage my chief interest was coming to a better understanding of what a hospital administrator's role should be, and carrying out a 'proper' piece of sociological research to reach the answer. So my next task is to give an account of what happened.

PART B

THE HOSPITAL AND AREA STUDIES.

CHAPTER 4

SOME HISTORICAL BACKGROUND.

In 1974 the National Health Service was reorganized and existing health services in the city where I worked were amalgamated under a single district Area Health Authority. Prior to this reorganization there had been five or six years during which a whole series of smaller reorganizations had occurred. The Board of Governors had become amalgamated with one of the Hospital Management Committees, several of the other Hospital Management Committees had been combined, the nursing services had been reorganized, so had supplies services and the school of medicine.

Before the big reorganization took place, therefore, staff in the area were unsettled and unsure of the changes which had taken place. One could not but be conscious of the process of accommodation of change and negotiation that was taking place quite apart from the events of 1974. For one interested in the effects of change on organizations it was an ideal 'laboratory'.

The area also exemplified the complexity of health services, perhaps more than anywhere else in the country. Partly this was due to the changes which had occurred, partly it was due to the close inter-relationships between the local

Board of Governors and the Welsh National School of Medicine. These two bodies had spent twenty years designing a new teaching centre, the University Hospital of Wales, and this was characteristic of the close links between teaching, research and service provision in the area.

The University Hospital of Wales comprises a site of 53 acres in the residential northern part of Cardiff. On the site is the main Hospital which is both an undergraduate and postgraduate teaching centre for doctors and the main District Hospital for Cardiff. It is the only teaching hospital in the Principality, and was Europe's first integrated teaching and medical centre when it became fully operational in 1972. In terms of professorial departments it is nearly twice the size of most other British teaching hospitals. There is also a dental hospital which opened in 1965 and which is also concerned with teaching and research, and the Combined Training Institute. The latter is a centre for teaching a wide range of professions supplementary to medicine.

The history of the health services in Cardiff is very germain to the organization's present problems, many of the perceived problems today being due to comparisons with the past.

On the hospital side Cardiff was divided into a Board of Governors and several Hospital Management Committees. The Board of Governors was responsible for running the Cardiff Royal Infirmary which provided a health service to the community but was also the centre for research and training. Boards of Governors had direct access to the Ministry of Health (and later the DHSS) and received monies direct from central funds. They were also recipients of many bequests and grants from private estates and gathered considerable "Endowment Funds".

Hospital Management Committees on the other hand were responsible only for providing a health service, often the less glamorous aspects of the service if a teaching hospital existed nearby, and were responsible to the Regional Hospital Board. They did not have direct access to the DHSS and monies were allocated by the Regional Board. Endowment funds were rarely more than minimal.

The different status enjoyed by the Board of Governors and Hospital Management Committees is most significant. Within Boards of Governors there was an emphasis on research and training as well as providing a service to patients, and with a direct allocation of money plus large endowment funds, it could engage in whatever developments it wanted to and could purchase whatever equipment and drugs it required. The chief administrative officer, the House Governor, had enormous discretion and usually the resources to say yes to whatever requests the medical staff made.

Hospital Management Committees not only had less endowment funds to play with they were also fairly closely monitored by the Regional Board and had to fit into the latter's development strategy. One could assume that generally the staff were of poorer quality than those attracted to the Board of Governors and on the administrative side the system developed a bureaucratic approach rather than a decision making style.

The effect of the reorganization was to accelerate the movement away from the original concept of UHW. The Board of Governors and the Welsh National School of Medicine had originally planned to put all resources

on one site and to close down the old Infirmary buildings. In this way all its energies would have been concentrated. The new Area Health Authority has been unable to follow such a policy, and not only hospitals but all the community and general practitioner services have to be managed as well. Resources need to be spread more evenly throughout Cardiff and rather than run UHW as was intended it must mark time while other services are developed.

This is very difficult for staff at UHW to cope with. Many of the heads of departments and consultants were with the Board of Governors and for years put up with bad conditions whilst 'Eldorado' was being built up the road. At last they moved in and some have found that years of personal career planning have gone sour. They are denied equipment, are told that research and development is not encouraged and are being asked to run an ordinary service department. They are often confused about what has happened and do not seem to understand the nature of the changes that have occurred. Meanwhile their colleagues from what were non-Board of Governor units are taking every opportunity to develop their departments after years of being poorer relations.

The previous House Governor/Group Secretary did not take on the job of Area Administrator. As a surprise to everyone he emigrated for personal reasons to Australia just before the reorganization and left no clear successor. It was very clear after this move that a completely new staff was to be appointed in South Glamorgan. Except for the previous acting Group Secretary who was also Planning Officer, every second-in-line officer and Area Team Officer was an outsider, and many of the middle managers also.

We therefore had the position of having a large body of senior officers who were totally strange to the local situation and who did not share the philosophies and attitudes of those who had planned UHW and were working in it. Furthermore, as a single district area they were not a remote body but one more closely involved in operational matters than they would have been in the normal multi-district arrangement anticipated in the reorganization documents.

CHAPTER 5

THE PRESENTING PROBLEM

Although I was later to become involved in organizational changes at the Area level, my initial project was confined to the University Hospital of Wales, and in particular with the administrators working there.

Because of the way it had been planned its first two administrators were sharing the building with the Group Secretary who in fact ran the hospital. Their jobs were not sinecures, even with their large staff of a deputy and eight senior administrative assistants, but the real power lay higher up the corridor and everyone knew it.

After reorganization, at April 1st, 1974, the third administrator was appointed. He had previously been the administrator of the Infirmary which was not

closed as planned with the opening of UHW (it is now to be kept open until at least 1990) and became the administrator of the site. Under the old arrangements consultants went to the Group Secretary directly and the Hospital Secretary just dealt with day to day matters concerning the ancilliary and administrative aspects of the hospital. The Group Secretary could be consulted readily and his group functional officers dealt with specialist matters. Now everyone must go to the Sector Administrator (as the hospital secretary is now called) and this has created many difficulties.

The administrator's deputy and assistants had initially been responsible for commissioning the new building and developing the new operating systems. Their jobs tended to be functionally organized, or even built around projects. The next stage was to try and regularize the situation,and a system was devised of trying to give each functionalist a part of the hospital to look after as a general focus for heads of departments confused by the functional division of work. The division of the site was fairly haphazard,reflecting administrative neatness rather than the needs of the organization. There was no intrinsic bond between the functional posts and the associated areas, and officers concentrated virtually exclusively on their functions.

After Reorganization the number of assistants reduced as staff moved and were not replaced. The new administrator tried again to develop a structure that was functionally based but which gave responsibility to officers for a geographical zone as well. This system tried to link geographical zones to an appropriate functionalist post e.g. ward areas to the Patient Services Officer. In my second Working Paper I wrote that this system although more successful had by and large been a failure. Several of the administrators involved objected to my conclusion, or at least the wording. They pointed out that although they had discussed it at the time they were unaware that they had zones! This only came out at a fairly late stage of my project, and I had assumed that we were talking about a real system whereas some thought it had never been adopted. I was led astray because the Sector Administrator and some of the assistants were working to it and talked as if at least they all knew the system even if the rest of the hospital admittedly had not been told.

The reason for the confusion was partly my project. I had been an administrative assistant at UHW until seconded to Bath University for post graduate study, and I had

been party to the second attempt at reconstructing the administrative set-up. In my absence and with the promotion of another assistant other staff were moved in temporarily, and everything was in a state of flux. Then I was asked to do my practical assignment back at UHW taking a much more rigorous look at the administration there. Publicizing the old system was at first delayed, then had seemed inappropriate.

It was to this situation that I returned to do my research.

At the time of my secondment the administrative structure at UHW was very under strength, The Personnel Officer had been promoted to Deputy and was trying to fill both roles. There was no Supplies Officer because I had been covering that job plus remnants of my previous post before

leaving for Bath. The Patients Services Officer who had also been covering the vacant Dental Hospital post, had just been appointed to another post in the Area Support Services Department, based in offices away from the hospital site.

The remaining post was very uncertainly defined anyway, so when the Patients Services Officer and I left together there was only the Sector Administrator, his Deputy, whose role was undefined, and the undefined assistant role.

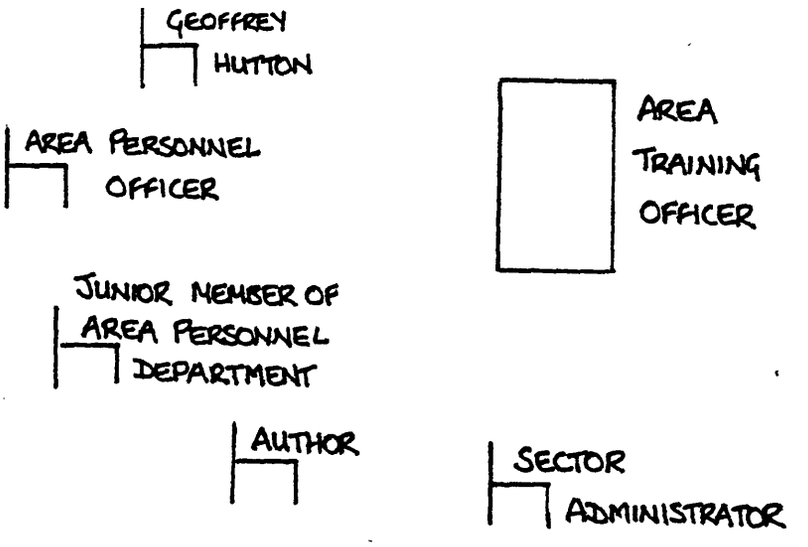
In the time prior to our leaving the need for officers to cover more than one post had made the quality of administration very poor. This situation had been developing since Reorganization and the rest of the hospital staff were thought to be unhappy with the standard of administration provided.

A Patient Services Officer was provided by laterally transferring a unit administrator from a smaller hospital as part of his career development. He also had to look after the Dental Hospital until a Unit Administrator was appointed to it just as my project started. A trainee administrator was placed in the Personnel Officer's job, and a quartermaster just retired from the army was appointed as Supplies Officer.

There were therefore a number of administrators completely new to their jobs, and those who were 'old hands' had roles that were undefined and the result of nearly two years of ad hoc covering arrangements. The attempts to design a functional-zonal system were little more than a hazy memory, and there were suspicions that the mix was wrong anyway.

My Tutor at Bath, Mr Geoffrey Hutton, and I met representatives of the hospital in December, 1975, to hold initial discussions about my research assignment. There were basic questions to be discussed such as whether the Authority would let me do research in a non-health organization to gain greater experience? Would they 'exchange' me for another student from another organization? Did they have a problem they wanted looking at? I think this first meeting is worth

recording in some detail because of snags that occurred. The seating arrangements were as follows:



The meeting was held at the Area Training Department building, in the Area Training Officer's room. The Area Training Officer had only recently been appointed from a London health authority and it was only my first or second meeting with him, and I introduced Mr Hutton to him and to the Sector Administrator at UHW. Unfortunately I did not explain their positions within the Authority because I thought that Mr Hutton was already familiar with the structure. After some informal discussion, the Area Personnel Officer arrived, and another junior member of the Area Personnel Department.

(This latter officer was present because he was going to be introducing a joint consultation scheme at UHW and it was felt necessary that he discuss any possible overlaps in our work. In fact he was subsequently appointed as Unit Administrator for the Dental Hospital).

I did not introduce Mr Hutton and the Area Personnel Officer because they had met before, and after a few pleasantaries the meeting began. Unfortunately, because he was seated behind the desk Mr Hutton assumed that the Area Training Officer was the senior officer present. There was therefore a considerable amount of confusion in setting up the project, because for example, the Area Training Officer did not always agree with the Area Personnel Officer, yet it was the latter's views which were being carried!

It was quickly made clear that I would be expected to return to South Glamorgan to do my research assignment, and because of the importance of UHW in terms of invested resources it was believed I should return to that hospital. There were two pressing problems, the most important of which was the organization of housekeeping services within the hospital. The administrative problems were seen as very much secondary, and most of the session was devoted to discussing the housekeeping problem.

In fact I was most unhappy about returning to UHW for either project because I felt (a) I needed experience elsewhere after two years work there, and (b) I would not be neutral enough to be objective or to perform as a process consultant. I had spent quite a lot of time on the housekeeping services in my role as an Assistant Sector Administrator, and I felt that I was too compromised by that previous experience. Because of the confusion, however, I never had the opportunity of saying outright that I did not want to do either of the projects, and the meeting closed unsatisfactorily from my point of view.

Fortunately, one of the other MSc students, Mr John Boyd, was quite keen on tackling the housekeeping problem which left the way clear for me to re-examine the administrative structure. I therefore met the Area Personnel Officer again in January to discuss the position more fully with him. I did have an interest in examining the role of hospital administrators because I believed that the job is by and large not understood realistically and that many stresses experienced by hospital administrators are due to this faulty perception. I therefore wanted to undertake an analysis of hospital administration, not necessarily because there was a presenting problem, but to increase understanding of the role.

The Area Personnel Officer thought that this analytical approach was appropriate, although there was a specific problem in that the staff at UHW were new to their posts and several of the jobs were not defined properly. He wanted a re-examination of the way the posts were organized and in particular he wanted the administrative structure to meet the needs and expectations of other hospital staff such as ward sisters and Heads of Departments. Although the emphasis was to be on analysis we both agreed that if expectations of change were aroused it was essential that the research continue through to include any appropriate action that was indicated.

On the basis of this meeting I wrote up a research proposal which I discussed with the Area Personnel Officer and the Sector Administrator of UHW at a meeting in May and which they agreed. It was also agreed that the Area Personnel Officer was the sanctioning officer at Area level; the "client" was to be the Sector Administrator. (See figure 1, overleaf).

Proposal for an MSc Research Project to be undertaken at University Hospital of Wales.

1) An analysis of the primary tasks and actual patterns of activity of the Sector Administrator and his supporting staff.
2) An analysis of the internal differentiation between "functional" and "geographical" responsibilities.
3) An analysis of the roles of the Sector Administrator and his senior supporting staff.
    a) As perceived by the Sector Administrator.
    b) As perceived individually by his senior supporting staff.
    c) As perceived by other hospital staff, particularly medical and nursing staff, and departmental heads.
    d) As perceived by relevant Area Officers.
    ?? e) As perceived by the community.
    f) As laid down by statute.
4) To take responsibility for working through with the staff concerned any implications arising from discrepancies, conflicts or opportunities highlighted by the analysis, with the aim of making the performance of the administrative function more effective and satisfactory.

Figure 1.

CHAPTER 6

RESEARCH AIMS AND METHODOLOGY.

As I have already indicated my interests were in trying to gain a clearer understanding of the role of hospital administration. The research proposal outlined the major points that I initially thought would need covering. What does the Sector Administrator do? What does an administrator think his job is? How does this point of view tally with the perceptions of other staff in the hospital and at Area level? There were also the allied problems facing the specific group of administrators at UHW. Who is doing what? What is expected of each officer by his Sector Administrator and his colleagues? Are the activities handled by administration being handled appropriately?

To get at the answers to these questions I decided to use in-depth unstructured or semi-structured interviews using participartive observation techniques. My decision was based partly on personal preference for an anthropological approach to the problem, but mainly because of the nature of the task facing me.

I was working for a group consisting of a boss, his deputy, and five assistants all designated as senior administrative staff. They form what was described to me as "the administrative team", and it was important to try and really understand each person's point of view. Using a questionaire and purely statistical techniques in these circumstances seemed to offer no advantages, and to rely only on observation of actual behaviour regardless of stated beliefs seemed to ignore too much important data. The value of structured interviews and questionaires relies on the skill of the researcher in defining his questions. This is acceptable where specific information is needed, but in this case I was searching for significant factors and dynamics, not measuring known ones. In any case I needed to build an appropriate atmosphere of trust and openness, especially important because of my previous experience at the hospital.

These issues were not so clearly resolved when I turned my attention to other groups of staff. The hospital has some 2-3,000 staff on site at any one time, embracing a wide range of disparate professions.

Which staff was I to interview? Just heads of departments, or their staff as well? For example, was a staff pharmacist's view as significant as the Chief Pharmacist's? Certainly it was as valid,but it is unlikely to shape the role of the administrator to the same extent.It would be interesting to know what maintenance foremen or a house officer or a student nurse thought about the administrator's role - but would it be economic to find out these views and would they be based on dealings with the administration or on gossip and speculation? In practice I decided to concentrate on heads of departments, using a questionaire to sample junior staff if (a) it seemed necessary, and (b) I had the time.

Having decided that I would concentrate on HoD's*I was in a better position to use the time at my disposal on semi-structured interviews again. I felt it was pointless devising a questionaire if I had not found out what issues seemed relevant to the HoD's, but to find that out I needed to see several in each catagory. If I saw several I might as well see sufficient to make further analysis unnecessary, considering the small number of individuals concerned. The actual groups of staff I had to investigate, and the members actually interviewed were:

*Heads of departments.

(1) Administrative team - Everyone on a number of occasions as individuals and in groups.

(2) Administrators and other staff at Area level - Every full time member of the Area Team (except the Area Medical Officer whose deputy I had to interview instead); the Area Works Officer; and all the second-in-line administrative staff.

(3) Sector Team - This is a multi-disciplinary team supposedly responsible for the management of the UHW site. I saw all its members.

(4) Heads of Departments Meeting members -

Catering Manager
Hospital Building Officer
Hospital Engineer
Hospital Security Officer
Housekeeping Administrator (Main Building
" " " (Dental and Residences
Head Porter
Manager of Theatre Services Centre
Senior Nursing Officer (Theatres)

(5) Heads of professional and technical departments involved in diagnosis and therapy - Head Occupational Therapist
Appliance Officer
Chief Audiologist
Principal Laboratory Technician
Principal Social Worker
Principal Pharmacist
Principal Physicist (isotopes)
Superintendent Physiotherapist
Superintendent Radiographer
Principal Scientific Officer (Haematology)
Principal Psychologist

(6) Maintenance Departments - Area Works Officer (see 2 above)
Area Building Officer
Hospital Building Officer
Area Engineer
Hospital Engineer

(7) Senior Nursing Staff - As well as attending a meeting of the senior nursing staff I also interviewed the two Divisional Nursing Officers and Senior Nursing Officer in midwifery; and the Divisional Nursing Officer, two senior nursing officers and two nursing officers on the general nursing side

(8) Welsh National School of Medicine - I interviewed the registrar.

(9) Professors and Consultants - Of the 67 consultants and 11 professors with beds on wards at UHW I interviewed:

2 Anaesthetists

1 Radiologist

1 Haematologist

1 Microbiologist

1 Paediatrician

1 Physician

2 Surgeons

(10) Trade Union Representatives - I saw local branch officers of Confederation of Health Service Employees, National Union of Public Employees, and National Association of Local Government Officers.

My selection was based on meeting those individuals who were most likely, in theory or practice, to shape the sector administrator's role or possibly those of his staff. I tried to cover as wide a range of specialities as possible, and to get a reasonable cross section by age, sex and 'temperament' (i.e. thought to be 'hostile' or 'friendly' towards administration).

The major constraint was time, both my own limited time and the time of year. As it was summer, holiday arrangements created considerable difficulties in meeting all the respondents one wished to interview.

The difficulties I had choosing my respondents and meeting them involved me in many of the practical and political problems faced by the administrators in their work. In order to provide some insight into the complexity of the organization I have described some of the staff groupings and their relationships in Appendix II.

CHAPTER 7

UHW - CONDUCTING THE INTERVIEWS.

I always tried to make an appointment for the main interviews. If I called on a person and they seemed ready to talk there and then I still preferred to use the occasion to discuss my aims and intentions to give them a chance to think things over first. As I had no office of my own I usually used the informant's own office, unless it was shared in which case I tried to use a vacant area elsewhere. On a few occasions interviews took place with a deputy or other colleague present, but by far the greatest proportion were conducted in private.

After re-iterating my purpose if necessary, I explained that I had no questionaire or list of questions that we had to follow because I wanted to hear about the things the interviewee thought were important. I just said that I was interested in the role of administration at UHW, and I usually

had to say "The Sector Administrator, the deputy, and his senior assistants". I defined the group so that they would not think I meant Area Administration on the one side, or clerks and secretaries on the other.

I did not give names, except the Sector Administrator's, to see if they knew the names of the assistants and their roles - either by their mentioning them during the interview, or in answer to direct questioning.

In spite of this careful opening explanation which would be accompanied by nods of the informant's head and understanding remarks, I still received many comments such as "Well fire away then" i.e. ask your questions. And I received much comment about Area Administration instead of administration at the hospital, but more of that elsewhere.

I always asked if I could take notes, "in case I forget", and because several writers have commented that if you do not take notes your respondants think you are not serious about wanting their comments. No-one objected to this, in fact it seemed to be

taken for granted. When I assured them of anonymity or confidentiality people usually replied to my assurances "Oh, I don't care who knows what I think". This can be understood as, "I'm not going to tell you anything private anyway", or it could imply that the organization and particularly the administration does not appear very threatening. In turn, this latter interpretation could be either a healthy sign, or may suggest that there is little personal involvement, committment, and 'stake' in the enterprise - an interpretation supported by such statements as:

> "The other thing we need is some discipline. Someone to say "You do it, OK?", We'll fight, but it will be worth it. If the sector administrator tells me to do it I ought to get on with it. We can duck and weave around everything here...We can all play each other off". (A head of a professional department).

Certainly I stressed confidentiality to the administrative team - to the point of saying sometimes that they would have to raise issues with a colleague where I felt I was being fed information

to channel to others. A promise of confidentiality was the only defence I had as an internal consultant, so I used it frequently, but I was amazed how easy it is to be seduced (or nearly so) into passing on information gained in private. (I started off quite paranoic about this. Authors like Sofer had stressed integrity to the extent that I saw seductions everywhere. At least it maintained my integrity! I found it very much harder toward the end of the project when we started discussing implementation and I was feeding back ideas. It was difficult to know what was breaking trusts and what was part of the contract. It was even difficult to remember who had said what when referring to earlier discussions during conversations when one was relying on memory rather than a notebook).

If there was a pause at the beginning of the interview I had one or two questions prepared beforehand. My opening question was one I was embarrassed to ask very often because of its very basic nature. But it was a good general starter. It showed I was trying to clear away my own preconceptions even on basic questions, and put informants' subsequent comments into a framework or context, enabling me to see the

sort of models and conceptual structures they were using. In fact it turned out to be quite a teaser for some informants, as well as throwing up a number of interesting replies. It was quite simply: "What is the role of this hospital?". Another standard question was: "What do you think is the role of the administration?". And: "What do you think is the function of the Sector Administrator?".

Apart from these questions I played the interviews by ear, according to who the informant was, hypotheses I was interested in testing at the time, and other circumstances.

I found most people very ready to talk and willing to make appointments, although I usually had to say that it would take half an hour knowing informants would usually want to talk longer. I am sure most told their secretaries to allow a lot longer but used half an hour as a control in case I turned out to be an unpleasant experience. Many people knew me personally, but not in my new guise, others had never come across me at all. Even though my project had been publicized in minutes it was often 2 or 3 months later that I got around to individuals, who in the meantime had forgotten about it.

I only failed to make an appointment with one person. This was a consultant who told the secretary trying to arrange the interview for me, "I never deal with intermediaries". He had been selected because of his cantankerousness and I have no doubt I could have made the appointment if I had approached him personally. I never did because it was not vitally necessary anyway, being more in the nature of a control or comparative interview, and as it turned out I had not got sufficient time to see him.

One of the Principal Nursing Officers who barely knew me, having been only recently appointed, was very reluctant to see me. She was a member of the Sector Team and the minutes of the appropriate meeting showed that she had been present when the Sector Administrator explained my forthcoming activities. Yet she professed never to have heard of me or my research. This was the only occasion when I had to resort to any sort of 'pressure', because I found it necessary to mention co-operation I had received from the Area Nursing Officer and other colleagues before I could arrange the interview.

This reluctance was not a personal matter but highlighted a difficulty at UHW. Being a university hospital much time and effort goes into meeting visiting professionals from other areas, and into training. Many sorts of trainees pass through the hospital, from administrators and architects to doctors and dieticians. My own feeling is that full-time staff are resenting the amount of time this takes up, especially now that staffing levels are being constantly pared down. Many of the trainees and students do 'projects', which can range from postgraduate clinical research (or even management consulting!), to a couple of pages of observation or case histories. In fact I found it convenient to describe my work as a project because the concept is so well known. I was also dubious about making myself sound too grand by using terms like 'management consulting' or 'postgraduate research', especially in an organization where I was already fairly well known.

On this occasion the term backfired because when I introduced my intentions the Principal Nursing Officer interrupted with "If I'd known it was a project I would certainly have refused to see you". It turned out that a clinical student had recently put forward

an idea that the professor had wanted to introduce, and which the nurses had violently objected to. They had also had experience of students picking up viewpoints from staff and reporting them as official policy or facts.

Of course my efforts to explain that this 'project' was action based research that would lead to actual results merely lowered me into the mire.

However, after this inauspicious beginning the officer did give me a useful interview and I found it an excellent opportunity as a consultant to absorb aggression or hostility in a neutral manner in order to preserve enough of the relationship to continue operations. By the end of the interview I was told that I could return whenever I wanted for further information so no damage had been done. I noticed a similar reluctance, in fact, in interviewing this person's immediate subordinate, who knew me very well from my previous role in the hospital. I therefore suspect that the timing was inopportune because of the contretemps between nursing and medical staff that was going on.

I often ended interviews - if the informant's next appointment did not do it for me - by saying that I thought we had covered the points I was interested in but would she/he mind if I checked? I would then overtly look through my notes and then ask about omissions or agree that we had finished. I would also ask if I could return if I thought of anything else, and in every case had an agreement. If they mentioned other possible sources of information I made a note of them.

I found silences, or, rather, me not making any comment, very condusive to gaining further information. Sometimes I employed this deliberately, at other times it was a natural function of making notes. As a socialised member of my culture it took a real effort of will not to respond to statements or to ask questions. One is supposed to fill in the gaps. By not doing so the respondant felt obliged to break the silence, often saying more than they originally intended. This is no doubt a standard interviewing technique but it was one I felt distinctly awkward in using, especially with senior members of the organization.

In fact I found note taking dysfunctional occasionally. While I was making notes there would be silence - probably because I wrote more slowly than informants talked. During this silence the informant would find it necessary to think up something else to say just to fill the silence, and while I wrote that down.... ad infinitum. The difficulty was that these statements were often worthless comments but one could not 'say' this by not writing anything, so one was trapped into arid marathons by the technology of the method! I discovered the best way to break out of this was to fill the silences myself with comments or questions as I wrote.

Sometimes there were difficulties in getting down to business. Many informants wanted to discuss me and what I had been doing since I left UHW, what the course was like, and what I would be doing next. More subtle difficulties came with the consultant staff and the professors. The medical staff seemed to be very concerned about numbers and hard data. Post-graduate work to them usually meant statistics. They therefore wanted to know how I would be weighting comments to provide numerative data. Several of them commentated on this point and it indicates the difficulty of communication that can occur between 'social' and 'hard' scientists.

The professors were worse still. They would ask me, as do professors everywhere, to define my terms, and would go into detail about methodology. One asked me, for example, did I mean 'perception' or 'conception' when I explained that I wanted to find out more about the perceived role of administration amongst different groups of staff. On the spur of the moment it was difficult to know what I did mean, as I desperately tried to think whether they were synonomous or not! To my mind this exemplifies the point that many of the staff at UHW are highly intelligent professional people and any administrative pattern must bear this in mind. For the interviewer it not only wastes valuable time but left this one with anxious self doubts and frayed nerves, so that he became overly selfconscious and defensive about his questions, approach and vocabulary.

Of course these challenges were very stimulating as well as sometimes salutary. One was forced to be more rigorous and self-critical in one's approach to the interviews because sometimes one became a little lax if a particular run of interviews turned out to be unprofitable, or if informants had been too

docile or respectful. The professors also had several useful conceptual points to make, and, as one might expect, their descriptions of situations tended to be thoughtful and analytical. One professor, for example, noted the well known expression (in the NHS) - "You can tell a Bart's man anywhere, but you can't tell him anything". The esprit d'corps that leads to St. Bartholomews Hospital's selfconscious pride has taken 900 years to build up, UHW had only been running for 5 years. In new aggregates of people there was always jostling for hierarchical position and it was unrealistic to expect anything but internecine strife for the next 20 years. Thus he saw nurses vying with housekeeping staff in the wards, porters with electricians in the corridors, and medical department with medical department. Indeed, as stress makes tribal warfare more intense so the fighting got fiercer as economic cutbacks occurred, and the medics ganged up against a common enemy - the administration. He thought many of the complaints and difficulties should be seen in this light. He not only had behavioural and environmental factors in mind,he referred to the historical situation, also remarking that for years the WNSM and the Board of Governors staff had worked for an ideal, the UHW. Working for an ideal had created fellowship and unity.

Now the ideal was reality that fellowship vanished and there was not only internecine strife but feelings of anticlimax and depression after years of expectation. This sort of description was very illuminating and usually far more sophisticated than anything obtained with other groups. Certainly it was well worth the frayed nerves.

As a final comment about the interviews, I was pleasantly surprised by the number of people who, at the end of the interviews, made comments like:

"This is very therapeutic, you know".
"I feel much better for getting all this off my chest".
"You're as good as a trip to the therapist".
"This has been very useful in making me think about things more".

I am sure these were not comments about me personally, but about the opportunity to talk and have someone listen. I almost feel it would be useful to employ someone in large organizations, who did nothing but go around and encourage staff to talk!

CHAPTER 8

UHW: THE FIRST GROUP SESSION WITH THE CLIENTS.

Once I had completed my initial round of individual interviews with the administrative group and had attended several meetings where I observed their behaviour I sensed an expectation that I should feedback what I had found out. I was very reluctant to start feeding back anything too soon in view of warnings from several experienced consultants. Bridger and Hutton have both expressed themselves verbally on the dangers of being trapped into giving hasty views that destroy one's credibility, and Sofer (1961), Schein (1969) and Clark (1972) have all stressed the need to resist early 'tryouts'. Rather than give feedback on a personal or group basis (here I am referring to feedback about my activities; as a consultant I attempted to 'hold up a mirror' to individuals during interviews as a natural part of my role behaviour) I eventually held a group session about six weeks after the project started.

I had several objectives for this meeting. Partly I wanted to meet the expectation that I start providing useful information. I interpreted the expectation as an expectation that I would do something, and as far as they were concerned the thing I would do would be to give them my findings. But I wanted to do something different. It had become clear that the various administrators were not sure of their own roles or one anothers, and that there was little group feeling amongst them - work was rarely, if ever, tackled by teams of greater size than the Sector Administrator and one other officer. However they did describe themselves as a group or a team, even if some also recognized that their behaviour belied this in statements such as "We never react as an organized group".

This lack of a team approach was also implied in their lack of understanding of one anothers roles e.g. "I'm not clear what X's (a colleague's) job is", and, in answer to a question, "I'm even less certain about Y" (another colleague).

After their weekly 'briefing' meeting on Wednesday there was often a scramble to see the Sector Administrator privately about matters "which won't be of interest to the others". At one level this merely underlines how difficult access to the Sector Administrator was for his assistants, at another level it indicates the way people treated their jobs as one-to-one arrangements with their boss.

One aspect of the lack of a group feeling was the amount of hostility, both generalized and specific, that was voiced. Examples of hostility included statements that two or three of them were seriously overworked whilst their colleagues did nothing; accusations of being left out of things; and some examples of complete breakdowns of communication between individuals.

The question of liaising with the works department provided another example of an underlying hostility. The Patient Services Officer had shared an office with the officer responsible for liaison with the works department (she had no specific title) for about six months prior to my investigations, in fact since he had started at the hospital. They

seemed to get on quite amicably and covered for one another in a general way. Towards the end of my research I entered the office one day and asked them if I could check out a statement I had received from the Building Officer. The Building Officer had told me that he liaised with both of these officers depending on whereabouts in the hospital the problem was, although he did not know quite how the hospital was split between them. From what the officers themselves had told me I understood that anything to do with building or engineering was quite clearly the one officer's responsibility, and her's only.

When I put the point to them this officer replied quite normally and with no trace of a grievance that yes they both acted as liaison officers and the Patient Services Officer dealt with all the matters raised in the wards and patient areas. The Patient Services Officer agreed that he did and explained that it seemed more sensible to do things that way than "to pass the buck" - especially when they shared the same office and answered each others telephone queries, and so on. Then the conversation gathered momentum and it transpired that the person who was officially responsible for this task was extremely annoyed by the

situation and although she appeared quite happy to let the Patient Services Officer deal with the problems she was in fact feeling squeezed out and slighted. Her outburst not only surprised me it quite shook her colleague who told me afterwards that he was dumbfounded to find out how she really felt.

Other objectives for my first meeting with them as a group, therefore, were to try and clarify roles and resolve some of the hostilities that arose from role confusion. Another reason for not holding the meeting too soon was the problem that there was no point clarifying their roles until we had a better understanding of what the roles were as far as other groups of staff were concerned, and whether these roles were appropriate for the system as a whole.

A final expectation was to give the clients a tool they could use themselves once the project had come to an end. Most organization change within the NHS comes in the form of packages. A new administrator introduces a new structure in a hospital: the Work Studies Department introduces a new procedure and

staffing level; a DHSS committee introduces a new approach to a facility. The changes are frequent at all levels in the service, but they are static models, a nomothetic approach to problems. Once circumstances change the cry goes up for a new package. Even the Reorganization itself can be criticized for this failing, and certainly it marked earlier approaches to resolving the difficulties in running UHW. I had been specifically asked by the Area Personnel Officer to try and leave the administrators at UHW with a new way of looking at their problems and provide them with an example they could use in the days to come when new factors arose that needed consideration by them. This accords with my own concept of the consultant's role so it was a consideration I had in mind in approaching the first group session.

I felt that the Role Analysis Technique described by Dayal and Thomas (1968) would be an appropriate tool to introduce, so my immediate intention was to show how role theory could be useful to the administrators in understanding their own behaviour. To do this I based the session on Instrument No. 171 "Role Classification: a team building activity", from Pfeiffer and Jones' Group Facilitator Handbook.

Following their suggested structure I prepared a single paged reprint from Allport (1961) which distinguishes clearly between role expectation, role conception, role acceptance and role performance. I also prepared a working paper in which I tried to describe the hospital as a system and the place administration occupied. I had been through the ideas previously with individuals, particularly the terms of 'primary task','socio technical systems' and 'boundary management', in terms of their own functions. Now I was trying to put them more coherently.

The meeting took place on a Monday afternoon, the whole afternoon having been allocated for it, in the Hospital's Committee Room - the smaller of its two rooms used for formal meetings. The room is about 30' by 20' and is at the end of the administrative corridor. Inside are 4 large rectangular tables

usually pushed together to form one large table which would normally seat about 20 people.

For several days prior to the meeting the administrators had been making reference to it. Some seemed to be in a sort of limbo until it occurred, with remarks like, "once we've had your meeting (things will be different)". Others showed an element of nervousness with jokes about being ill that day, or taking their holidays. One officer was on a month's leave but laid sufficient store by the session to come in for it. There were therefore clearly expectations about the meeting, and as an opening exercise I decided to ask them to list privately their expectations at the beginning of the meeting, whether they were hopeful that it would be a valuable experience or whether they expected nothing. I hoped to get them to refer back to their list at the end of the session and to compare their actual experience to it. Because of the need to write during the session I felt that we needed to keep the tables handy so I moved the two end ones away and left a central square which had no 'head of the table' position.

As everyone came in their choice of seating arrangements were mixed i.e. there were no coalitions of males/females or Sector Administrator and deputy, with a slight tendency to sit on the three sides away from me. Normally the Sector Administrator would have been the person to make introductory remarks either as chairman or secretary or boss. On this occasion he had no such role and there was enormous tension with everyone looking to me and not knowing what was to happen next. In this tense atmosphere I asked them to list their expectations for the meeting and their behaviour became most interesting. They began to write in a secretive manner, half turned from one another, or with their paper encircled with their spare arm. I had said that this list was for their personal use only but this degree of privacy was greater than anything I had suggested. To me it was indicative of the individualistic approach that marked their activities at other times, with a tendency to withhold information from each other. I commented on the fact that I felt like a school examination invigilator in an effort to break the atmosphere but although everyone smiled I did not succeed.

Next I distributed the handout on roles previously mentioned. I wrote the four subtitles on a large flip chart and we discussed them. and when everyone seemed to have grasped the four different aspects I asked them to write about their own jobs in terms of them. Some put more into this than others and worked feverishly, whilst the deputy finished very quickly and pulled out his diary and began to flip through it. This said to me "This is a waste of time, what other things could/should I be doing if I were not here? Everyone finished in about 15-20 minutes and I passed on to the next stage which called for a volunteer who wanted to clarify their role by public discussion with their peers.

There was a long silence. Individuals were clearly apprehensive about what was going to happen and no-one wanted to come forward. The deputy began to tear up a sheet of paper into ballot tickets, perhaps another expression that the whole exercise was time wasting. I would not hold a ballot because I felt that a 'pressed victim' would do more harm than good, making the consultant into a powerful positive figure using coercive methods. The Sector Administrator said he would volunteer if no-one else wanted to, but he thought his role was atypical compared to those of the others. Finally, the Personnel Officer offered, saying "Chris made me think about a lot of matters that I didn't want to think about, so I might as well be the one to go through it again".

The Personnel Officer's offer was met with clear relief by her colleagues, and one officer, who otherwise did not speak voluntarily all afternoon, said quickly "that seems a good idea". The reluctance of anyone to come forward and the volunteer's remarks quoted above when she did so indicated the fear and tension that was marking the meeting. Once the volunteer had been accepted most of the tension disappeared.

There was, I think, also fear of one another because the individuals were insecure. Their roles were not clear and they were therefore anxious about their positions. Some were very new to the hospital and were reluctant, perhaps, to speak out in front of much more experienced colleagues - whilst the latter were a little anxious about how the younger, very articulate officers would relate to them. There may have been apprehension of me and my unknown 'bag of tricks'. They certainly had very little idea of what the session was going to be like; the Sector Administrator had wanted a prior assurance that it was not going to be a T-group because he doubted if I could handle one with the personalities involved, and probably others were also wondering if it was to be a very emotive affair. It was also the first time they had ever met together in one room before, the Dental Administrator having only recently started.

The exercise called for the volunteer to list what she thought her colleagues' expectations of her role were, and then to listen while those colleagues listed their actual expectations. Out of this would ensure any necessary clarifying discussion or negotiation. The Personnel role was fairly straightforward and there was a considerable amount of agreement between the stated role conception/acceptance, and the stated role expectations. The main area of debate was their distinction between their various functional roles and extent to which they were also general administrators.

To aid discussion I put forward the point of view that there was no need for functional officers at all, a point strongly disputed by the Personnel and Supplies Officers although not, to my mind, very convincingly. The more a person thinks of himself as a general administrator the less likely he is to respect

demarcation roles - and vice versa a person occupying a functionally defined role is more likely to restrict their behaviour and be defensive about their role. If a role is not clearly defined the occupant is more likely to see themselves as generalists. This was borne out by the wide variety of ways people described themselves, from strongly functionally orientated individuals to those seeing functions as secondary. However, the hostilities engendered by the role behaviour from the different concepts were strongly denied when I suggested them. Individuals had privately spoken freely, or often at length, about one another doing jobs they were not responsible for, about frequent individual difficulties in knowing whether to deal with matters personally, or to pass them on. Yet in the group meeting this was flatly denied.

When no-one drew out this practical outcome of their differing concepts I suggested it, and met denial. I also met an unforseen difficulty with adopting the "whatever you tell me is confidential" stance. Because of this contract I could not confront the group with actual examples, and had to wallow around looking for hypothetical examples that were not accepted by the group.

Why the collusion and "flight" (Bion 1951)? I think it was because of personalities. The main demarcation problems were (i) between the Personnel Officer and the deputy (the ex-Personnel Officer) who had no specific role and was perceived as interfering in his old role (ii) between the officer responsible for building and engineering (whose role is otherwise unspecified) and the rest and (iii) between the Sector Administrator and the rest, particularly between him and the unspecified role.

This latter officer was vital to the discussion. She felt strongly about her colleagues taking over her job, yet they felt she was disinterested and preferred to get on with things themselves. She had apparently been anticipating this session very much and had come in off leave to be present. Yet throughout this discussion she had said literally nothing. When I had worked with her before my secondment she had not been particularly reticent in administrative meetings, but when I returned she had become very reticent. Her non vocal participation, I would not put it as strongly as non-participation on this occasion was very marked. So much so that one could feel an embarrassment amongst others, a sort of

"we're trying to make a go of it for Chris but one of us is letting him down" feeling. If she had spoken up on that occasion, as I believe she intended doing but lost her nerve, I think the whole of the rest of the project might have been very much more valuable. As it was the collusion delayed real progress for some time. During the discussion about demarcation i.e. functional versus general, I asked her if she had any comments to make and the following dialogue ensued:

> Her: "You don't want to be here all night do you?".
> Me (smiling) "Well we've time for half the night and we'd like your views".
> Silence.
> Her: "I can't comment, I'm sorry I can't make any comment".

I could not reasonably try any harder to encourage her to contribute, and would have only risked the group ganging up to protect their member against me if I had tried. As it was they felt let down by her. She left about 15 minutes later at about the time she had said she would need to leave.

After this the main business of the meeting came to an end, and I shared the working paper which I had prepared. The atmosphere became quite free and relaxed and this discussion was straightforward. The basic idea I was trying to convey was the idea of a hospital as a system with the administrative team acting as boundary managers.

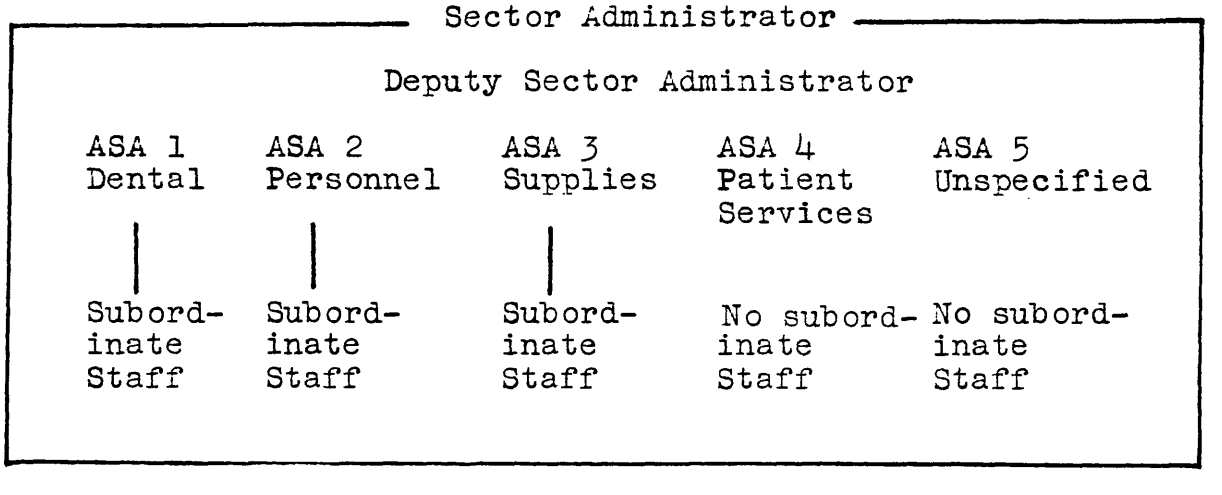
At the end I suggested that they might like to jot down what they thought they had gained, if anything, from the meeting and compare it to their expectations. No-one wrote anything, not I think because the session had been entirely fruitless but because the suggestion was not seen as one to be acted on for some reason. The meeting had ended and the impetus had gone. This was a pity because for one reason and another I did not see them as individuals to ask for their reactions for about a week by which time memories were hazy.

CHAPTER 9

UHW: FINDINGS FROM THE ADMINISTRATIVE GROUP

The most obvious aspect of the administrative structure was confusion about who was responsible for what role and the haphazard way work was being undertaken. As a person's interests developed so his/her job developed, with scant regard to the needs of the system. Similarly, if an officer dealt with a job, once asked a question about a matter, or raised a previously unthought of issue, he/she was likely to end up as the person dealing with it 'in perpetuity'! This was the subject for several jokes but nonetheless it reflected the reality of the situation.

All the posts were uncertainly understood by the encumbents. The actual structure was as follows:



I will use the initials ASA 1, ASA 2, etc. partly to preserve some degree of anonymity, but also because of the unspecified post. To keep writing a sentence every time I refer to this post would be clumsy and tedious, but I am using a nomenclature for ease that has no basis in the terminology of the actors themselves. They would use first name terms or speak collectively of the 'SA's' which is shorthand for their grade of Senior Administrative Assistant rather than their posts of Assistant Sector Administrators.

The previous deputy had been the unit administrator of the Dental Hospital. When he became acting Sector Administrator he appointed the then personnel officer as deputy sector administrator, a position confirmed about a year later after the acting Sector Administrator moved to the psychiatric sector and the present Sector Administrator took over. The grade of the deputy sector administrator is 'Principal Administrative Assistant' i.e. higher than the assistants' grading, as might be expected. For a while the deputy sector administrator continued as personnel officer and I could find little evidence that any real thought was given to his activities as except as a stand-in when the Sector Administrator was away - and perhaps as the Sector Administrator's confidant.

This of course left a gap at the Dental Hospital which the previous Out Patient Department Manager had covered as well, while I was acting as Supplies Officer as well as covering some general duties. I left on secondment and the Out Patient Department Manager was promoted and left the hospital, so there were vacancies at ASA 1, ASA 2, ASA 3, and ASA 4. A new ASA 3 was appointed, new to the NHS but with similar experience in the Royal Army Medical Corps. A unit administrator from another hospital (on SAA grade) was moved sideways to fill ASA 4 - but in practice he was filling the ASA 1 post and dealing with patients' complaints as and when he could fit them in. An ASA 1 was not appointed until after I started the project, whereupon the ASA 4 was able to start looking more closely at his official role. Meanwhile a trainee administrator was drafted in to fill the ASA 2 vacancy. The ASA 4 post was envisaged as incorporating the Out Patient Department Manager's role and various general duties as well as activities that had never actually been undertaken before at UHW.

As a result of the various interviews and sessions I conducted I wrote a series of papers describing the role of each member of the team which I shared only with that person and the Sector Administrator. These papers tried to describe the principal factors - social, technological or whatever - which shaped the behaviour of the individual. On the basis of what I had written two-way and three-way discussions took place to work through any issues raised.

I had hoped that these papers could be shared within the team, but although at a group session the Sector Administrator offered to share his, he never did and nor did anyone else. This meant that a considerable amount of data was unavailable in the group sessions and I came to regret this approach. It was a direct result of my insecurity about how to handle the situation, and is not an approach I would use again.

The descriptions which follow of two of these roles are based on these papers. I have chosen them to show how significant the technical demands of the organization were in one situation, and the social factors in the other. Between them they demonstrate the socio-technic nature of enterprises.

ASA 3: The Supplies Officer.

On finishing one career in the Royal Army Medical Corps, the Assistant Sector Administrator 3 took this post, his first civilian job, about seven months before the project started. His son was just starting in the army and one might expect the mid-career crisis described by Sofer (1970), but there was no evidence of any problems for this officer in settling down into his new job. He was well versed in supplies matters particularly on the storekeeping side.

The supplies function can be broadly seen in two aspects, purchasing, and storage and distribution. The Supplies Officer was responsible for two groups of staff, one composed of administrative and clerical staff for the purchasing aspect; the other of ancilliary staff responsible for the stores areas.

In the past at UHW emphasis has been very much on the purchasing side and it was partly because of a feeling that more attention needed to be paid to stores procedures that this particular officer was appointed.

In most of the Area's hospitals and sectors ordering is the responsibility of the Sector Administrator, and he signs orders, etc. As budget holder the Sector Administrator at UHW is also the responsible officer but he alone has a full time officer who actually signs the orders i.e. the duty is delegated. Sector administrators were in fact limited to how much they can spend on any one order, above £250 per item orders had to be referred to the Area Supplies Officer. There were a series of spending limits imposed so that the Area Supplies Officer had a higher limit again, until a stage was reached when the Area Health Authority itself must make the decision whether to purchase or not. This picture is simplified both because there are other budget holders (e.g. the medical 'cogwheel' management committees have a budget for medical equipment) and because there are a whole series of committees and interested parties who are consulted about requests to purchase.

The actual spending limits bore little resemblance to the stste of the budget because by far the biggest proportion of the budget was spent on consumable items that cost very little per item but which cost enormous sums over a year. The ever increasing use of plastic, paper and foil 'disposables' to raise standards of hygiene and lower labour costs was the real culprit behind escalating running costs, but the use of such items are notoriously difficult to control. And so plastic bags, paper towels, disposable urinals, sutures, cleaning materials, etc. are bought very simply and easily in vast quantities. The storemen would see their stocks were low, or users complained of shortages, a fairly junior person would make out an order and the ASA 3 signed it. Orders were vetted by both the Area Supplies Officer and the Area Treasurers Department,but these sort of orders were rarely challenged. Monitoring depends entirely on someone noticing that a certain item is being consumed rather quickly or that there were stocks of an unfashionable item that needed to be used up, whereupon ad hoc remedial action is taken.

In return the heads of departments see the supply of goods as a frustrating business. They do not realize that the delays are beneficial to the system as a whole (and would not appreciate being illuminated!). All they know is that trying to purchase anything out of the ordinary is a time consuming process demanding much patience. I was given examples where people told me they were waiting for goods ordered several years earlier, and over and over again I received complaints (supported with documents) that orders placed months earlier had not arrived. I am convinced that most of these requests had been turned down by the administration, but the requestor had not been told of the decision. The request had been passed from one officer to another, one committee to another, and along the way had been refused. The frustration this causes is behind the utopian vision most heads of departments hold about departmental budgets and their persistant demand for such budgets.

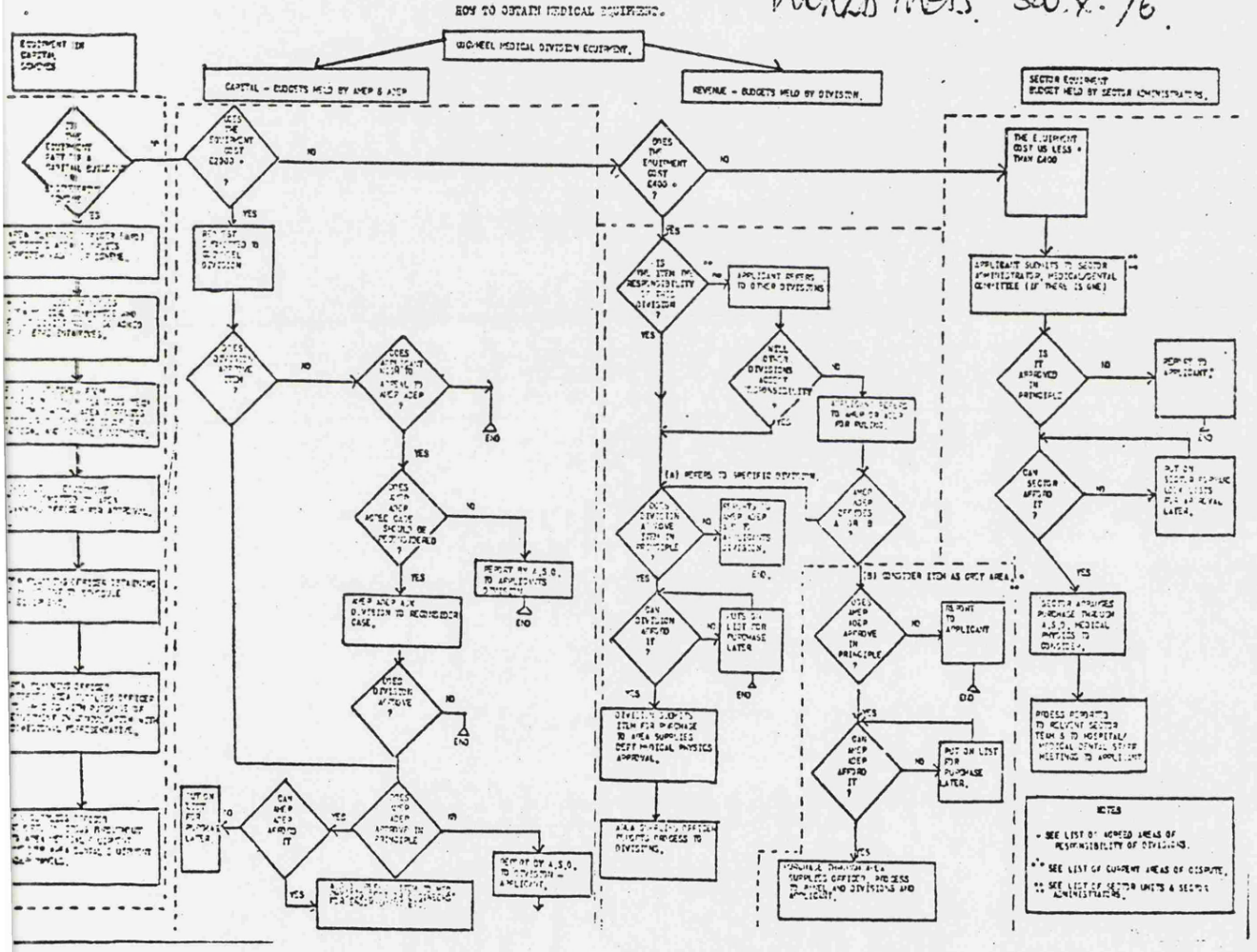
There was considerable overt discontent within the hospital about the complex nature of the process and a flow chart of South Glamorgan's ordering system was actually printed in World Medicine as an example of bureaucracy (see overleaf)

THE NEW BUREAUCRACY

PURCHASING MADE EASY

The flow chart below was issued with the minutes of the surgical division, South Glamorgan AHA(T). It shows staff how to set about ordering new equipment—a task which, as a study of the chart will reveal, is really quite straightforward (or should it be backward?). ■

WORLD MED. 20.x.76.



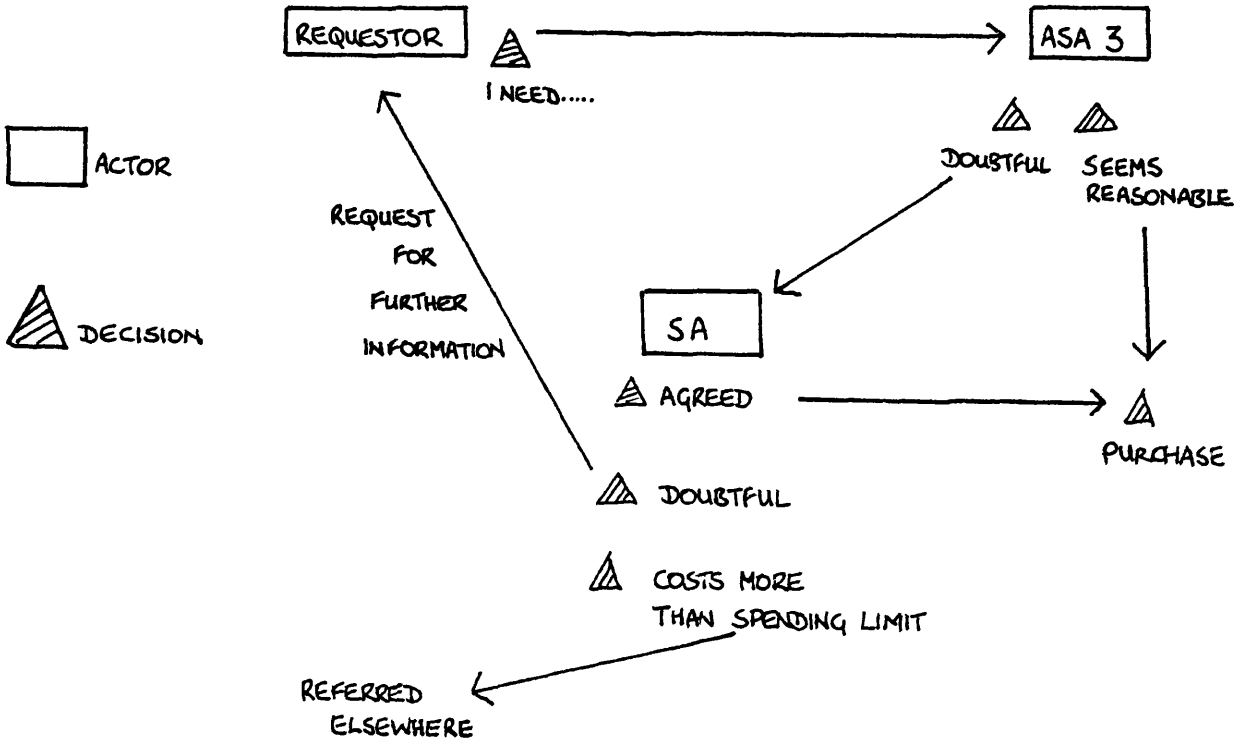
These comments may seem critical, but they only refer to the immediate situations in which they occur. In terms of the overall system they are not dysfunctional. It is perhaps better that the essential supplies of consumables are easily ordered and the on-off larger items are delayed. The conditions of the market make the supply of consumable items hazardous enough, and the interruptions of such supplies can be dangerous to the prime task of the hospital. One-off items on the other hand are rarely so important, and if they are essential the system can be circumvented. If budgetary control were the essential factor the system would be mistakenly focussed, with the elaborate controls and monitoring devices acting on the wrong parts of the system. As it is the illusion of control is created and the overall system runs more smoothly for it.

I have described these dynamics in some detail (although I have not exhausted the details of the machinery by a long way) because they are essential to an understanding of the ASA 3's task and his relationship (i) with the rest of the hospital, (ii) with the Sector Administrator, and (iii) with the Area structure.

(i) Relationships with other hospital staff. The ASA 3 had the fairly unenviable job of trying to persuade the people who requested items that they did not really want them, that a cheaper one would suffice, or that it could wait until the next financial year. He must challenge professional staff about their judgement and their motives, and this is naturally resented. These are not tasks mentioned in textbooks about the supplies function. Instead they describe a jolly relationship in which the supplies officer enables the user to buy more wisely and appropriately, using his expertise to speed up the transactions and generally facilitate the inflow of new goods into the organization. In other words it is envisaged as a <u>service</u> department, and to some extent the ASA 3's staff do work that way. Most of the heads of departments know which of his staff to go to, and by and large get on well with them. By contrast the ASA 3 himself is a <u>control</u> agent. He is the Sector Administrator's, indeed the Area's, monitor of expenditure. His relationship to the rest of the hospital must therefore of necessity be potentially difficult, and he must learn to live with this.

From the comments I received the department was failing to give feedback about what happens to requests. No account of time was taken by the department. As long as a request was processed they seemed to feel that their job was done. They were ever optimistic that a quick decision would be received from another party to whom they referred it, and so did not bother to tell the person making the request. Days became weeks, which became months, and the requestor could lose track of the request entirely.

(ii) Relations with the Sector Administrator. Most requests had a fairly simple route:



However, requests for large items such as medical equipment, furniture and expensive apparatus of one sort or another were in trouble from the moment a user made a request. The ASA 3 would initiate an enquiry with the user to see if he could avoid buying it. If it seemed of doubtful value the whole machinery of spending limits, advisory committees, further enquiries and upward referal would be used to delay purchase. If on the other hand it seemed of value the same machinery would be used to try and get the item paid for out of someone else's budget! Unfortunately the person making the request would not know which way the request had been received, and found himself in a position reminiscent of one of Kafka's novels.

I have overstated the situation, but in essence this description is I believe reasonable. The 'system' developed because of demands that in the management of public finances account must be made of every penny. As it is difficult to control the use of expendables the controls are on one-off large items. The system must be seen to be monitoring

and controlling expenditure and this is the way it takes place. A similar situation occurred when orders were finally placed. Standing orders called for quotations to be received and the cheapest supplier used. An officer could make out a case for a more expensive item on the basis of better quality, but by and large only the brave and resilient did this (i) because of the extra effort required to convince one's seniors, and (ii) because any suspicion of corruption must be scrupulously avoided. (This can create ethical problems. For example a firm may provide a better service in terms of employing technical specialists who 'make the sale' and give much individual assistance to the hospital. The hospital then writes to at least two competitors if they exist and accepts their lower prices which probably reflect inferior salesmen who never visit the hospital The marked cynicism of the supplies staff towards salesmen and the way they will be positively rude to 'reps' seemed to be partly a way for junior staff to act omnipotently and partly a way of avoiding these sorts of ethical considerations. It is much easier to be ethically 'pure' on the cruder dimension of open competition, with the added advantage that budgets can be kept lower without ethics making this side of the task harder than it already is).

The ASA 3 could make his job easier by trying to persuade the Sector Administrator that he should agree to purchase i.e. he could try to manipulate one person rather than be at loggerheads with a host. The tighter the financial situation is the greater will be the strain on his loyalties; to support the Sector Administrator who wants to keep the budget low means to aggravate his own position and push him further away from the service ideal to the control reality.

(iii) Relations with the Area. The activities of the ASA 3 were of interest mainly to two area departments: the treasurers and the supplies departments. The former were concerned that officers create expenditure only within their authorized limits and that proper records were kept. The auditors from the treasurers department regularly checked the orders sent out, and invoices went direct to the treasurers department so there was also liason between the ASA 3's staff raising orders and the accounts staff at the treasurers. As long as the ASA 3 observed standing orders there was not too much trouble about this relationship.

The relationship with the area supplies department was more problematic. They acted as the service

department for all the other sectors and appeared to resent the existence of a special department for UHW. This was observable from comments made by them and by the close attention they paid to the department's affairs. Just as the UHW supplies department tended to be control agents rather than service agents, so also were the area supplies department who were able to perform this role with no conflict of loyalties. The hospital based department, however, made decisions and evaluated whether a purchase was desirable, in view of the local political situation.

Having made a decision they would attempt to purchase the item regardless of the bureaucratic rules, taking the view that it was up to UHW how the budget was spent. There was, therefore, a conflict of loyalties and roles, and the area department's close watch on them was seen as a nuisance.

Plans were fairly advanced for an area stores which would supply all sectors including UHW and the stores staff at UHW would become the nucleus of the staff employed (there are no other comparable stores in the Area at present). Such an arrangement would sound the death knell of the hospital supplies

department. It was in any case fairly obvious that the Area Supplies Officer (who was promoted to the job about the same time as the ASA 3 was appointed at UHW) would like to absorb the UHW department. The Sector Administrator and other UHW staff felt that they would receive a poorer service if they did lose their own supplies department, but it could make the Sector Administrator's role easier if such a takeover did occur because he could collude with users and play them off against Area Supplies. However, he would also be in the hands of area supplies for a regular service, and from experience of other area services it would probably be too great a cost to pay.

The Area Supplies Officer considered that he was responsible for supplies matters, not the Sector Administrator. Thus if there was a procedural error the treasurer would reprimand him in the first place; it was his career and reputation which was at stake. This view was not necessarily shared by the Sector Administrator or ASA 3 who saw themselves as independent. This difference of perception led to confusion about to whom the ASA 3 should be loyal.

Should he uphold the values of the area department or of his colleagues at the hospital? I think both he and his staff saw themselves as hospital staff, and the Area Supplies Officer found this very difficult to understand. He believed strongly that if he was to do his own job properly these staff and the ASA 3 should be clearly responsible to him. He complained further that items costing above the spending limit were not referred to him, and that there was no control on UHW's activities in this field. On the other hand he had a high regard for the ability of the staff and said that as far as sending in returns, etc, was concerned UHW was the best sector in the Area. His main complaint was that they were a law unto themselves: "Standing orders mention no exceptions for UHW". By contrast to the Area Supplies Officer's complaints, the ASA 3 reported a very good relationship with the Area Department.

ASA 5

The officer filling the ASA 5 post had during the time of staff vacancies not covered for any other post. If anything she had lost tasks to the new appointees and to the Sector Administrator himself. She had inherited the post from another officer when he left, after being the nursing commissioning officer and then joining the administrative staff. This move was supposed to have been a promotion with new career prospects and she remained the only nurse in Wales on the National Nursing Planning Group, until just before my research began. Unfortunately for her the Salmon (HMSO 1966) structure was introduced at this time and her ex-subordinate suddenly received accelerated pay and status and she seems to have been squeezed out of the nursing sorority. As the administrative posts filled up she finally inherited the ASA 5 post, the main duty of which was to liaise with the maintenance department.

To expect a mature lady with a career in nursing to be responsible for this seemed to be a crass waste of resources by the larger organization and a tragedy for the person involved. She was certainly

not interested in the post, yet due to some further crossed lines of communication she was not allowed to take over the ASA 4 post as she wanted to, nor was she allowed to take over ASA 1 which would have at least given her a measure of independence and status to boost her self-esteem. She was told that if she wanted to have the ASA 1 post she would have to compete for it when it was advertised, and the ASA 4 post was filled without consulting her. She would not necessarily have been successful in these posts, but to fill some of the posts by transferring staff and make her compete for the ones she was interested in was an affront. Because she was reluctant to take an interest in bricks and bolts should not have been surprising, but no-one in the organization seems to have been willing to make allowances for the circumstances that led to her position or to have confronted her and told her that her work was not considered good enough to give her further responsibility. On the other hand the position this officer found herself in partly stemmed from her own personality; partly a result of taking bad advice from inappropriate friends; and partly an unwillingness to respond to her changed circumstances and plan accordingly.

There was considerable tension in this person's relationships with the rest of the team. The others lost few opportunities to criticize her and explained many of their problems in terms of her being difficult. But why was someone who had been one of the leading managers in her own profession in Wales and who was described by all her ex-nursing colleagues I spoke to as 'a first class administrator' behaving in this way? It could have been merely menopausal, but it seemed to me that the others were feeding her a role. They were using her as a scapegoat and were projecting their own problems and 'badness' onto her. It was not necessarily she who was the problem, but the organizational setting they were in. Laing and Esterson (1964) have referred to this phenomena in family settings, and more recently Clark (1973) has noted it in organizational settings.

I have noted in another section that this officer had noticeably changed in her contributions at meetings, and I was very pleased at one of the final meetings when she did start to take part more fully. However, whilst speaking she was uncharacteristically very flushed and I could not help realising that she was very nervous of her colleagues. Why, when she was so much more experienced than them? I think Sofer's concept of

"age asynchronization" may contain part of the answer (Sofer 1970). When this officer gave up her post as deputy matron to become a Senior Administrative Assistant, it was, as the name implies, a senior post - and was a promotion for her. With recent changes in staffing structure, and particularly since the Reorganization, it has become a much less prestigeous position, and the average age of senior administrative assistants in the organization would appear to have dropped. Certainly the other ASA's were younger than her, most of them were considerably younger. The other older officer had become the deputy on a higher grade and it was noticeable that he now appeared to have more self-esteem than previously e.g. he was taking a greater interest, and actively participating in meetings to a greater extent.

The ASA 5 role had been slowly whittled away as vacant posts were filled and redefined. Several officers, including the incumbent, thought the remaining role of maintenance liaison was a meaningless activity anyway, although the Sector Administrator disagreed. Other activities were not allocated to her because in view of her perceived

poor performance in maintenance liaison it was considered too risky to trust her in more significant roles (an argument that in fact proved the comparative meaningless of the task). The ASA 5 was consequently trapped into a situation from which she was very unlikely to escape, becoming more and more isolated from the group, and particularly from the Sector Administrator. This situation had to be recognized by the actors and a real role developed for the officer to realistically reflect her abilities and interests.

As will be realized feeding back this situation was difficult. The person herself was emotionally avoiding the situation and did not want to be confronted with these very real problems. The rest of the team wanted to deny that they were scape-goating and causing her behaviour. I had already been told that there could be no question of T-group techniques and I relied on personal discussion to feedback this data, and trying to indicate significant situations in the group sessions. As I describe in the next chapter the effect was worth while because within a few months this officer's role and performance had changed remarkably.

Because of their recent appointments her colleagues all had job descriptions whilst she did not, and this caused her considerable resentment and added, unreasonably to an outsider, to her discomfort. A lack of a formal job description was entirely a symptom of the situation, but she kept raising it in individual and group discussions with her colleagues, none of whom seemed to recognize what lay behind it.

The end result was that much hostility was directed towards her by her colleagues who complained that she hardly did anything while they were overworked. Non-administrators found her an easy target for complaints. If she said 'no' to anything they would go to the Sector Administrator or one of her peers and say that she had been unhelpful, an interpretation they would willingly accept. They would also try and say 'yes' - to prove they were helpful - regardless of the rights and wrongs of the situation. This reinforced the complaint and the image of her, and encouraged the whittling away of her role and the growth of her defensiveness. Although I must add that her manner with people did give some substance to many of the complaints.

CHAPTER 10

UHW - WHAT THE PROJECT ACHIEVED.

My research began in early May and for six or seven weeks I concentrated on carrying out the interviewing programme already described. My quest was to try and discover the role of the administration at UHW, and to share this with the administrators in order to provide a better/more functional service to the hospital.

Towards the end of June I held the first group session which I have also described earlier. At this session I shared a working paper which tried to analyse the organization as an input/output system. The use of systems ideas and terms such as 'primary task' and 'boundary management' were subsequently used quite frequently.

The major finding from the interviews was that administrators were too inaccessible and were only involved with the other parts of the hospital if there was trouble. In many ways, however, the time

spent interviewing the other groups in the hospital was largely wasted as far as improving the functioning of the team was concerned. The interviewing was extremely interesting and helpful to me personally, and it provided me as consultant with an aura of authority - "You know what they think of us, you have had the chance to talk to them". But in retrospect it is clear that far more could have been accomplished if the time available had been invested more with the administrative 'clients' and less with their wider role-set.

It became obvious that the problem which most affected the client group was uncertainty about their individual roles, and this was the consequence of (i) the behaviour of the senior officer (ii) the personality problem of one member (iii) lack of thought about the limiting factors on the jobs people had loosely collected around themselves.

Because the presenting problems seemed to be a mixture of personality and technological factors I felt that the concentration on role definition would be a useful approach in airing points of view and developing a new and better organization. I also

hoped it would leave behind me a technique they could use when my personal involvement ended. My strategy was therefore very similar to that described as 'role negotiation' by Harrison (1973), although at that stage I was unfamiliar with his paper.

Through July and August a number of group sessions took place during which the problems of the existing structure were explored. We also discussed the various related questions such as the advantages and disadvantages of functional and generalist administrators; how heads of other departments would view 'zonal' administrators; and the authority of administrators within the hospital.

'Zonal' was a term we had begun to use to describe a system whereby each of the team would be responsible for a geographical area as well as their 'functional' duties. The idea was that if a member of the hospital had a problem which they did not know how to refer to the most appropriate administrator, then they could contact their zonal administrator. The latter would also make regular visits to departments and areas to monitor conditions

generally, and pick up difficulties which professional heads of departments or nurses might not notice or feel responsible for.

The administrators debated this role for some time, mainly because of anxieties about their reception by heads of departments and others who were not used to seeing them around. They expected considerable hostility - although a year later in a group session they had to discuss how they could persuade heads of departments how to shoulder their responsibilities! The tactic was in some ways over successful.

These sessions were valuable for several reasons. Many of the existing practices and assumptions were challenged, and the team began to develop far more openness and confidence in dealing with one another. For example, the deputy and the ASA 5 who had not spoken to each other for several years now began to talk and even to meet together to discuss how they could share jobs between them if the latter became directly responsible to the other. Also roles became sufficiently unfrozen to begin redesigning responsibilities along lines which paid greater attention both to the needs of the hospital's systems and the individuals aspirations.

During the role negotiation process one could see not just a dumping of unwanted tasks, but a positive bid being made by all members of the team for jobs which would result in much greater work loads. (System Y theory was vindicated throughout this process). And by the end of August everyone had a role which they had helped draw up as a group exercise and which was felt to fit the perceived needs of the organization.

We had apparently reached agreement on the various roles and all that was needed was for them to be translated into job descriptions, circulated and finally agreed.

It had seemed a simple task and I accepted the Sector Administrator's offer to carry it out because of his access to typists and copying facilities. I should have done it myself, it took until 26th November to get them circulated! And naturally enough the delay caused the original enthusiasm to wane considerably. It also created confusion, with some working to their new roles and some not.

Why did the delay occur? Did it show a lack of real enthusiasm on the part of the Sector Administrator? I think that the real reason lay with his style of working which concentrated on short-term crises. Once he saw the problems amongst his immediate subordinates ebbing there were other problems to bother with.

In particular there was a ministerial decision to reduce administrative costs in the NHS, and a general overspending problem in the organization including UHW. The problem was very real and the project took a subordinate place. At the same time I rejoined the Authority at the beginning of October as a member of the Area Personnel Department and failed to take back the job of writing the job descriptions myself in order to unstick the problem, partly because of my new job and partly because I kept being told that they would be available very soon.

I admit that by the time they were written I was fed up with the whole business, and especially when I singularly failed to get another group session organized until after the christmas period. This next series of sessions were depressingly sterile, being characterised by a legalistic nit-picking about words and phrases.

However, to some extent my disappointment was not totally justified, but their apprehension probably was. Because of the financial situation the Sector Administrator had been told that one of the assistant's posts would have to go i.e. to be transferred, made redundant or remain unfilled if it became vacant.

Early on in the project the Sector Administrator had made no secret of the fact to his superiors and me that he would like to be rid of the ASA 5. She was a liability to him. This view was reiterated as late as 29th October.

However, when the news came about losing a post, he decided to share it with the team for discussion. These discussions were far more objective than would have been conceivable only a few months earlier. At the same time I persuaded the Area officers concerned that because of what was being attempted at UHW no precipative action should take place.

Several months later, when it became necessary again to consider shedding an assistant's post, the Sector Administrator told his boss in my presence that each of his subordinates was equally valuable to him and

he had no 'preference' as should which should be asked to transfer.I referred to his earlier views about the ASA 5 and asked him wouldn't he prefer to lose her. He denied this completely and said she was a first class member of his team.

My field notes of the time include such comments as: "(ASA 5) is like a new person. She was laughing and joking with colleagues. Her office had a new atmosphere of efficiency and she handled the telephone with great confidence". In fact the Unit Administrator post in the Dental Hospital became vacant shortly afterwards and she took it over. She is still carrying out a very good job and it seems likely that she will now spend the last decade of her working life effectively and happily.

I would have liked to have carried out a questionaire survey later to gauge whether the rest of the hospital perceived any improvements in the administrative service. Unfortunately, I never had time to carry out such an exercise so I cannot point to proof that the new structures achieved their primary purposes, but I like to think that there must have been a 'knock on' effect from the improved situation within the administrative department itself.

My involvement with the client group as a consultant in fact diminished except for a couple of follow up sessions, and I became increasingly involved with the next level of administration, the Area. This is described in the following two chapters.

CHAPTER 11

AREA STUDY: MY EARLY INVOLVEMENT.

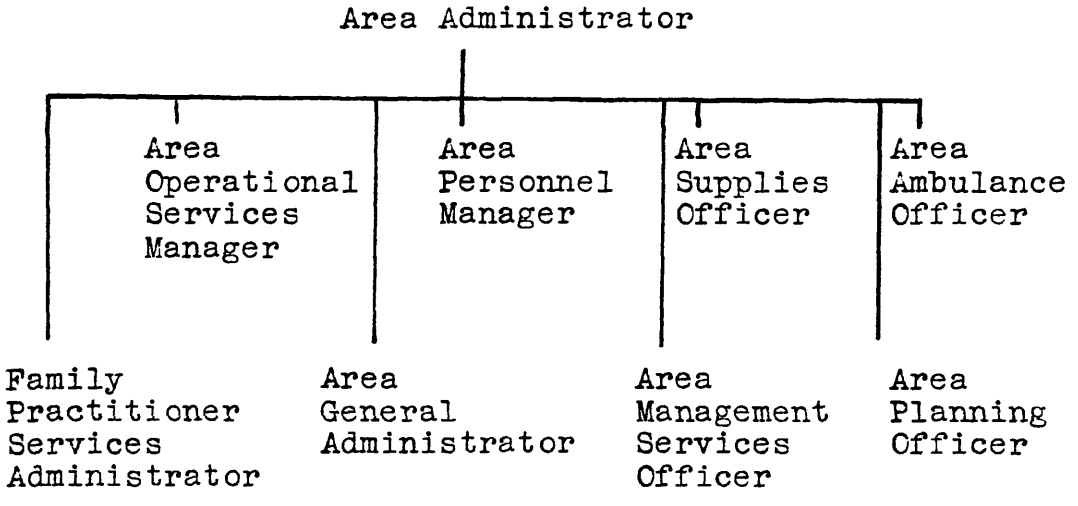
In October 1976 my year's secondment at Bath was finished and I took a post in the Area Personnel Department with the title of Organizational Development Officer. The intention was that I should do some OD work and some general personnel duties until the value of my OD work could be assessed and my work load could build up.

Almost immediately my boss, the Area Personnel Officer, asked me to attempt to clarify the roles of the Area's second-in-line administrators and the functioning of the Area's executive system. I was told that these officers, of whom the Area Personnel Officer was one, had been experiencing considerable frustration and were anxious for such a study to be carried out. They had met on a couple of previous occasions, with the Area Administrator's knowledge but without his presence, to discuss their problems and a document entitled "There Must Be A Better Way" had been prepared by the Area Personnel Officer and presented to the Area

Administrator. I was now being asked to get involved as an OD consultant to them.

Accordingly I wrote a tentative proposal with a questionaire which I gave to my boss for his consideration. The next thing I heard was that he had presented it at the Senior Administrative Team and it had been agreed by the various parties that I should proceed on the proposal although the sanctioning body that I proposed to keep watch on me was not established.

The senior administrative structure was as follows:



These officers are variously spoken of as "Heads of Divisions", "Second-in-line officers", or"Scale 29's". The terms are more or less synonomous except that "Second-in-line officers" can refer to non-administrators e.g. doctors or nurses. Similarly the Area Ambulance Officer is not a scale 29, and although lip service was paid to his status as a second-in-line officer directly responsible to the Area Administrator he was frequently forgotten in discussions and when calling meetings, and was generally not one of the 'group'. *

I then set about personally delivering copies of the questionaire. In almost every case the opportunity was taken to hold an interview with the officer concerned to try and gain a general impression of the problems. As a result of this I gained a considerable amount of interview data which suggested that the officers concerned felt they were not being used for the full benefit of the organization, and were bothered about the inadequacies of the organizational structure. This was compared to data obtained by holding similar interviews with the Area Team of Officers, second-in-line medical officers, nurses and treasurers staff, and third-in-line administrators (i.e. the staff of the Divisional Heads).

* I will use the term 'second-in line' where this officer is included, and 'scale 29' where he is excluded.

During this stage an interesting incident occurred which highlighted the dangers of the consultant not working out his own contract. I was led to believe that the Area Team had endorsed the project, and my contact with respondents did not cast doubt on this until I went along to the Area Treasurer one afternoon. There I met a very cool reception, indeed it started with him asking in a quite hostile manner what business was it of mine to come asking about his staff affairs? It eventually transpired that he thought I was coming to carry out a pruning exercise amongst his senior staff. This misconception had a twofold origin. Firstly his secretary had condensed my telephone request for an appointment with a general indication of its purpose, so that it had been passed on as, "Mr Potter wants to come and see you about difficulties with the second-in-line officers". He assumed that meant his own staff. Secondly, a few days earlier I had almost finished an interview with the Area Supplies Officer when one of the Treasurer's second-in-line officers had entered the room. The former said jocularly, "Chris is checking up to see who should be made redundant. He'll be coming to see you in a few days". I realized how dangerous that could be and tried to explain

properly, but the damage was done and was reported back to his colleagues. My appearance a few days later allied to the secretary's comment was therefore totally misunderstood. When it was cleared up I received valuable assistance from the Treasurer and his staff, but it underlined the need for constant attention to approach and clarification of intent.

It was about this time that I first attended a meeting of the Scale 29's as a group. The Area Planning Officer and I had been at another meeting and when we arrived at the meeting about twenty minutes late discussion had already started.As it was the Area Planning Officer's office he sat down behind his desk leaving one remaining chair for me, a low easy chair outside the circle of other seats and just behind my boss's right shoulder. He was sat on a higher straight backed chair, so I was behind and below him.

At the previous meeting the Area Operational Services Manager had presented a paper indicating how the organization could be streamlined. The Area Management Services Officer more or less agreed with the contents of this paper, but the Area Personnel Officer (my boss) had not agreed and had prepared another paper which he was presenting as we arrived. A win/lose situation was

building up and I listened to the arguments for about half an hour during which time I was acknowledged twice. Firstly the Area Supplies Officer had moved his chair back to allow me into the circle, and had offered me some of the sandwiches that had been prepared. Secondly, the Area Management Services Officer had referred to me in an aside as 'he' or 'him' and nodding in my direction.

Eventually I asked the group why a paper was being written at all. The Area Personnel Officer answered shortly that the Area Administration had told them to prepare one, and he continued fruitlessly putting his case. After a few minutes I asked them again why they were trying to prepare a paper. I received the same answer, but this time with signs of impatience. I then responded with the remark "but you know that if it hasn't got black covers on it /the Area Administrator/ won't accept it". This was enigmatic enough to stop conversation, but the point was fairly clear to them.

The Area Administrator was a devout evangelical Christian, a position no-one in the group except myself shared. This entailed belief in a personal relationship with God, and part of that relationship includes the opportunity to be guided by the indwelling Holy Spirit

and by the Bible. One who believes this is liable to give less attention to human advisers than would be normal, and therefore tends to what is interpreted as autocratic behaviour.* Furthermore, such a religious belief gives high priority to loyalty, and arguments about decisions are not welcomed. This accentuates the autocratic tendency.

In my private discussions it was this autocratic stance on the part of the Area Administrator which the Divisional Heads had kept stressing to me. My intervention in to their conversation was an attempt to indicate that they were arguing about something that would have no credence even if they themselves eventually patched up their differences. This point in fact went home very successfully and suddenly I discovered I was accepted as someone with something to offer.I was able then to share my feeling that the Area Administrator was there in the meeting like an ever present presence. Everything that was said was said as if they were being watched, and they were vying with one another in this atmosphere.

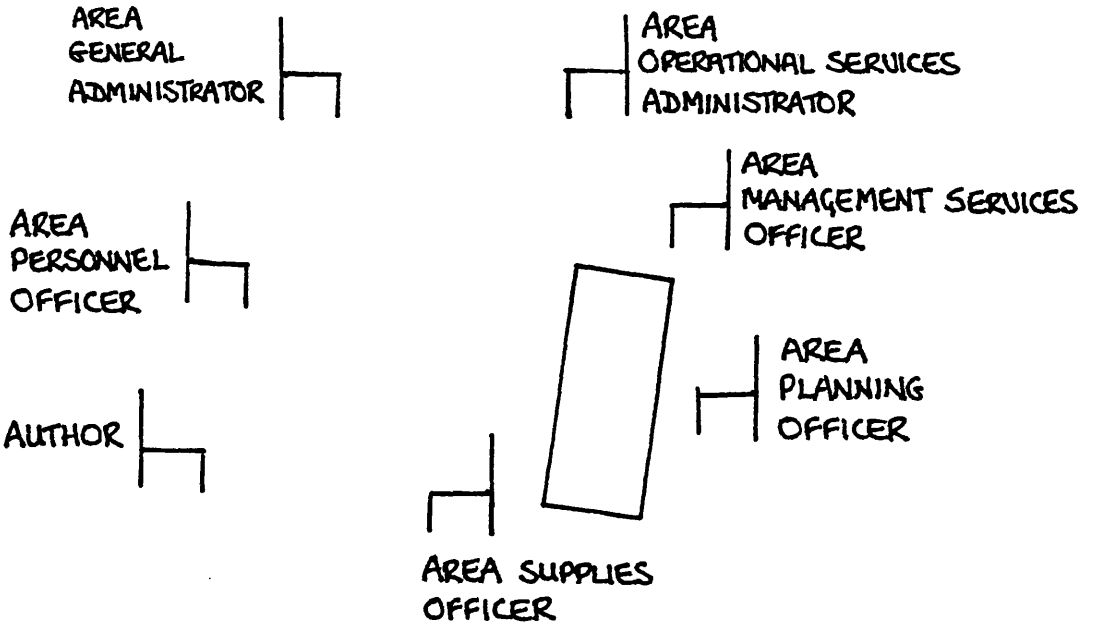
The rest of the meeting was completely different. The paper was forgotten because they agreed to agree, and to concentrate more on what they were doing to

* Unless subordinates accept one's divine assistance, in which case it would be charismatic.

each other and their feelings. They began to share that they allowed themselves to be divided and routed everytime they met the Area Administrator, and that their real need was to stick together and put their point of view properly next time they met him. As the meeting ended the remark was made to me, in public, that this was the first time they had really talked to each other for three years i.e. since they had been appointed at Reorganization.

I have recounted this session at some length partly because it outlines the general situation I was engaged in, but in particular because if we reanalyse it, it indicates my own role in it as far as my "client" group was concerned.

For all my efforts to be 'neutral', I was clearly thought of as the "Area Personnel Officer's man". Whatever might be said I was perceived as his agent, it was hardly worth differentiating me from him. My geographical position reinforced this position. The seating arrangement was as follows, and it is significant that the Area Ambulance Officer and Family Practitioner Services Administrator were not present:



Although the Area Supplies Officer moved his chair back to admit me the Area Personnel Officer - my boss - did not. That, plus his attitude toward me when interrupting with the query over the purpose of his paper, indicated that he too automatically accepted my 'tied' status. During the first half an hour's discussion the Area Planning Officer was constantly "talked over" and the Area Supplies Officer only attempted to speak twice. Similarly, the Area General Administrator seemed to be on the outside trying to break in. Thus the Area Operational Services Manager and Area Management Services Officer formed one group, and the Area Personnel Officer and I were perceived as another group. It needed my intervention to prove that I was neutral in the situation, after all it was my boss who was trying to get his paper accepted, and to start breaking down the antagonistic stances adopted toward one another.

This session had been almost too good to be true and I mistrusted the results, although naturally I was pleased with the way it had gone. Unfortunately we never had the chance to develop the situation from there. I had suggested that at the next meeting we concentrate on roles because this was slightly "off centre" and could be handled with more openess than actual problem issues. At the same time we would examine 'process' during the role clarification activities. This was agreed, and I was also asked to start giving feedback from the questionaires and interviews.

Accordingly I turned up at the next meeting expecting a session with the 29's. I was therefore surprised to learn that the Area Administrator was attending the meeting also, and in fact he arrived before I was able to find out why he was attending. My chief difficulty now was knowing who my "clients" were. Was it just the 29's, or the whole senior administrative group? And how much of my data could I make public with the Area Administrator present? As far as I could make out later it seemed that the meeting had been jointly agreed after the 29's had presented their paper subsequent to the previous meeting.

In late 1976 the Secretary of State had announced that there had to be a 5% cut back on administrative costs in welsh health authorities. The term 'administrative' included senior medical, nursing, technical and ambulance staff, but naturally the effects would be most heavily felt within the biggest grouping, 'lay' administration. The Area Administrator was keen to actually achieve savings of 10%, and the papers that the 29's had been writing were to the effect that this latter figure could only be achieved with structural changes and possible trouble with trades unions. (About a year later union pressure forced the Area to abandon the attempt to reduce by 10%, although the 5% was achieved easily). The 29's had been told by the Area Administrator that he now considered two of their number "surplus to requirements". At the same time the Family Practitioner Administrator was about to retire, but a day or so prior to this meeting the Family Practitioner Committee had refused to allow any of the "hospital service" 29's to have the vacant post without competition - a political gesture. The 29's felt that their boss had handled things badly and two of them would suffer because of it.

It was the Family Practitioner Committee's decision that dominated the opening part of the meeting, followed by a debate on whether the Secretary of State could order the Area Health Authority to accept a staff inspectorate to examine staffing levels and workloads. The Area Administrator who had just announced the likelihood of such an examination took the line that the Secretary of State was 'the boss', supported by one of the 29's. Several of the others vehemently argued that the Area Health Authority was a body corporate and could resist such a move. The consensus was that as the Welsh Office allocated budgets the argument was somewhat academic! The force of these discussions threw a great deal of doubt on the assertions at the previous meeting, and during my private interviews, that the 29's were cowed by the Area Administrator's presence.

In this first meeting I was very struck by the way the Area Administrator turned to me, after the argument about the Secretary of State's powers, and said "I have allowed this discussion to go on....", drawing attention to the open nature of the proceedings. But in fact it indicated the authoritarian attitude that prevailed. "I have allowed" - this was an after

hours discussion arranged by the subordinate group. My position was far too uncertain to comment on this, or any other similar matters of process, but it was fairly typical of the tone of the meetings I attended.

I was eventually asked to give feedback on my interviews. As I had only received half of the completed questionaires I was unable to provide an analysis of them, but I had prepared a list of 50 sundry complaints that I had culled from my various interviews. I pointed out that there were discrepancies and contradictions but concluded that there were some issues of note:

(i) The Area Team's method of operating, and the significance of matters handled.

(ii) The problems created by the Area Administrator's dual role as head of administration and co-ordinator of the Area Team.

(iii) The lack of clarity about the 29's various roles.

I had prepared a brief analysis of the 29's roles but decided to keep it in reserve, preferring to let the general list of problems create discussion. The Area Administrator accepted the list well, and said that he took to heart the comments about the working of the

Area Team. In fact the team was meeting the next day to discuss their method of working, and the list was "a major contribution" to the debate - as were various individual letters the 29's had sent him! Only the Area Ambulance Officer was hostile about the list, and made a number of criticisms of it. This was mainly a misconception of my aim in producing it, plus the fact that he had been absent from the previous meeting and I had not yet interviewed him, and no-one else supported his criticisms. But the list of problems was never referred to again in any discussions.

It was clear from the ensuing discussion that the Area Administrator felt the 29's - and probably the Area Personnel Officer in particular - had pulled a fast one by introducing me, and that the Area Team were not at all clear about my role. This again underlines the need for the consultant to negotiate his own contract. It was decided that my future role in these discussions needed to be reassessed and I was asked to leave at this stage. I found out later that after discussion a vote was taken and one objected to my continued presence, two were undecided, and the rest thought that I should stay.

On this basis I was asked to continue attending a series of meetings between the Area Administrator and his second-in-line staff. However, as it turned out my role was not to be one of 'consultant'. There was no question of real discussion on role analysis, even though the Area Administrator once commented that we should adjourn for a weekend to a conference centre. There was no question of "process consultation" as a normal procedure. I was above all a committee clerk for meetings that were really meetings between a boss and his staff to discuss a variety of matters, with a mainly organizational bias, and generally about implementing the 5% cuts. This did not prevent me making interventions and questioning proceedings and decisions but there was never a feeling that this was expected of me - quite the opposite.

At this early stage it was not clear that my role had changed, but certainly with hindsight one can see that the signs were present. The reason for this can be partly explained by events that occurred while I was still at Bath. During that period the management services department of the Welsh Office had apparently approached the Area Team with an offer of OD help in the form of two consultants. I can not be certain how

this arose but the consultants concerned had been working with a neighbouring health authority and I think they were looking for further projects. A "Steering Group on OD" was formed and the two consultants attended several Area Team and other meetings. It was typical that this exercise was not mentioned to me by anyone before my appointment or during the early stages of the project with the 29's. I am told that the consultants in question had used many of the fashionable phrases like "intervention", "process consultation" and "team building", but in fact they never spoke at any of the meetings which my scale 29 informants attended, never commented on what they saw, and never provided any written inputs or working papers. Whether this was because of their lack of ability or because they were neutralised in much the way I was, I cannot comment. But it did make it extremely difficult for me to describe my intentions and methods, or to convince people "OD" had any credibility. I was even told not to use the term "process consultant" in front of the Area Administrator because of this rather sterile episode. Naturally it placed me under a considerable handicap.

I describe it as typical that I was not told about the Welsh Office exercise earlier because similar incidents occurred later on. Once a figure well known within the NHS training field wrote to the Area asking to meet the Area Team and senior staff to discuss the problems of consensus management and other organizational problems. It seemed clear from the paper he sent ahead of him that he was offering some sort of OD style help, but I was not invited to attend the discussions or hear what he had to offer, although presumably I could have usefully taken part in assessing the usefulness of such a venture. Other figures from local colleges made similar approaches but again no reference was made to them about me, and it would be only a later chance meeting or casual remark from a third party that would aquaint me of someone else's interest, or would make them aware that there was an internal consultant already employed.

In part this was because of my junior status, a constant stumbling block when the Area Team or the Area Chairman was concerned - I am sure the latter never heard of my activities. Partly it reflects the way my role was only hazily understood by the Area Administrator and his Area Team colleagues. Partly

it was the way the Area's problems are treated piecemeal. The idea of viewing the organization as an organic whole is not widely held. Instead problems are encountered and tackled by various officers in various manners, because of the size of the organization (and perhaps political design) there is a tendancy to not link up. Thus with the Steering Group on OD I was told by my boss "Oh you can ignore what is going on there, there's nothing valuable coming out of it". But when the same individuals are involved in your own project you need to know what is going on. Especially when the secretary of the Steering Group, a third-in-line officer from the Management Services Department is saying publicly (at meetings my grade precludes me from attending) "If...concerns organizational development I ought to be handling it". This in itself indicates the sort of political competition that existed.

As it happened the Area Administrator appears to have been using the Steering Group on OD as a sort of extra Area Team meeting (all the Area Team officers were members plus the Area Personnel Officer and Area Management Services Officer). Very little was accomplished and the group was given such tasks as checking up on the

numbers and terms of reference of committees that existed in the Area. This enabled the meetings to be dropped quietly, at the same time as the Welsh Office OD division was disbanded and the consultants transferred to other duties.

Although I was kept out of all these side issues, and I think this throws light on the fact that my role was not fully understood or properly established, I nevertheless continued to operate while the others faded from the scene. What follows is a description of what happened after my second meeting with the Area Administrator. I do not pretend that I was able to act as a consultant, but I did have some influence on events, and those events are of interest in throwing light on organizational processes.

CHAPTER 12

AREA STUDY: ORGANIZATIONAL CHANGES.

It was still not obvious to me that my role was not to be that of internal consultant. Our next group meeting started well from my point of view. The Area Administrator came late, and in the discussion before he arrived I had cut through the rambling banter with the suggestion that we (i) highlight and examine the issues which were actually creating the tension and friction that was so evident (ii) clarify the role of the 29's. These proposals were received well, and discussion started. The Area Administrator arrived and was told what was going on. He agreed that this was a good way to start - but was not prepared to delay the meeting for such a purpose. I commented on the need for time, perhaps out of hours, and it was then that he suggested a weekend away at a North Wales training centre (unfortunately it never actually took place). He then used the rest of the session to brief the group on what the Area Team had been discussing that morning. My feelings during this briefing were mixed.

On the one hand the Area Team actually seemed to be tackling the organizational problems facing them, and the following minutes are quoted from official records:

> "Discussion at the Area Team meeting should be concerned with corporate matters (policy and monitoring of policy). Full time members of the Team should meet regularly and informally outside Area Team meetings to discuss management problems or issues relating to their respective functions".
>
> "Priority to be given to improving management in terms of 'getting things done', particularly ensuring that individual officers effectively carry out their responsibilities as defined in their job descriptions".
>
> "As from 1st February the Area Team meeting should start at 11.00.am prompt...it was felt that with a prompt start to meetings and a disciplined approach to discussion on corporate matters only, Area Team meetings need only last 1½-2hours normally".

The whole of the Area Team meeting from which these minutes are abstracted was devoted to various organizational problems, and the right noises were being made, and whereas I do not think the list of 50 complaints I had compiled was actually tabled amongst the papers, I do know they were at the back of the Area Administrator's mind. He also produced two documents, one a 50 point corporate plan for the next three years, and a 10 point list of objectives tackling specifically organizational problems.

On the other hand, as discussion with the 29's carried on,the Area Administrator would say things like "we ought to minute that", and it suggested a far too structural approach that promised to be window dressing without ever creating the possibility of allowing the group to really express their feelings and deal with them. Again, as he was directing his remarks to me it became more and more obvious that my role was to be a trusted minute clerk being given an excellent training opportunity to see how the higher echelons worked. Whilst as a young professional administrator this was a welcome opportunity, it was nevertheless far from the role I wanted to play.

My field notes of this meeting showed that I was very disgruntled, and told the Area Personnel Officer, my boss, so. I thought my 'contract' needed sorting out, and he advised me to see the Area Administrator personally, but by that time I felt that it was too late and I never got round to it. My notes read "There is no OD contract, /the Area Administrator/ isn't committed to OD. I have 'joined sides' or am in danger of being seduced by the 29's against him". During one of these early sessions I tried to draw attention to the frequent use he made of statements such as "I have decided ...." and "I have let the discussion go on..." He objected that he had the right to make decisions, and I tried to explain the difference between exercising his legal right and effectively establishing committment for organizational change.

Subsequent meetings took place approximately weekly. During them there was regular discussion about the 5% cuts; in particular the question of cuts at scale 29 level was naturally of constant interest to the group. The Area Administrator announced that in view of the Family Practitioner Committee's obduracy he was prepared to declare only one 29 post "surplus to requirements",

instead of two as previously stated. He also made it clear which of the posts he considered unnecessary, although this was not intended to imply that the particular officers filling them were surplus. In fact he regularly declared that any of the officers could do any of the jobs, but this could hardly have been true. He no longer considered the Operational Services Administrator or the General Services Administrator posts necessary, and in each meeting 29's would be asked if they had been successful in obtaining shortlistings for posts with other authorities. Naturally, there was considerable unease, and the 29's objected to this "positive pressure" on them to seek alternative employment. They complained that they were not even being treated as well as some catering staff who had recently been on strike over redundancies made after a 12 month period of "natural wastage". It was also thought that the Operational Services and General Services managers were in an invidious position. The tension eventually dispersed at one particular meeting when the Area Administrator mentioned that he was working to a time scale of three years before any redundancies, downgradings, or whatever would be seriously considered, unless extreme factors forced his hand.This came as a complete surprise and the 29's

said things like "What have we been worried about?" and "You have let us off the hook". It was also agreed that the term "surplus to requirments" should be dropped.

Future discussions became rather less personal and more concerned with the nature of any restructuring. How could the divisions be re-organized? At the same time there was a feeling that management of the operational services (i.e. hospitals and community health services) needed to be reconsidered. These problems were intertwined in the discussions that took place.

Although one or two meetings took place over the next few months things really began to move in late June, and the following descriptions are of 10 days from 29th June to 8th July, 1977.

A new Family Practitioner Services Administrator was appointed to fill the vacancy caused by his predecessor's retirement. He was an external candidate. At the same time the Operational Services Administrator obtained a new post in the Midlands. The Area

Administrator had apparently been refraining from forcing changes partly because of a lack of agreement with the Area Team about organizational changes, and because none of the 29's had found alternative posts. Now, especially as the Area Nursing Officer and Acting Area Nursing Officer had also moved away, or were about to, the whole issue was revived, and the Area Administrator put forward his proposals.

He outlined first of all the problems as he experienced them. He felt that his role consisted of the following parts:

Secretary to the Health Authority
Maintenance of external relations
Chairman and co-ordinator of the Area Team
Co-ordinator of Chief Officers other than 29's
Manager and co-ordinator of the administrative structure

This constituted a heavy schedule and he felt the need to reduce his span of control and place more distance between himself and the third-in-line Sector Administrators. On the other hand there was a need to strengthen the support given to Sector Administrators. He therefore proposed splitting up the Operational Services Administrator's post and sharing the various sectors amongst the other 29's plus their functional responsibilities. He felt that this would give the Sector Administrators the extra support

they wanted; would remove some of the differences between the weak operational management and strong centralized functional management; and would help to provide greater prospects for career development for second and third-in-line officers. He then gave his suggested breakdown of who should have what. I will not give details because they would mean very little to those not knowing the Area.

The 29's received this plan fairly enthusiastically, especially those, like my own boss, who wanted the opportunity to take an operational responsibility. Various related points were discussed, such as the envisaged locations of their offices, but by and large the plan was well received.

I, on the other hand, felt that the whole plan was disastrous and would lead to the exact opposite of what the third-in-line functional and operational staff had expressed as desirable when I had interviewed them. Although my role had been mainly that of secretary to the meetings, with some contributions, I now felt that I was ethically bound to draw attention to the organizational problems that might occur. I had

conducted many interviews and people had given me their views in the hope that a better system might emerge. The 29's were clearly unlikely to object too strongly because of their vested interests, and I therefore had to speak up, and listed a number of objections.

Such a move was not welcome to anyone else present, especially to my boss and his boss, and my arguments were not fully believed. However, it was agreed that all third-in-line officers should have the opportunity to debate the issues at a large meeting to be convened the next week. The 29's also wanted to discuss the matter at greater length and a further meeting was arranged for the next day.

As I have said, my views were not entirely accepted, nor did I feel that my intervention had been much appreciated, although I had at least helped to encourage consultation. But by now I knew the Area Administrator's style and could imagine his presenting a package to the forthcoming meeting, largely supported by his second-in-line officers. I therefore tried to explain my views further to my boss and other 29's in private, and at the following day's meeting I made a second attempt to present a case against the proposals. My objections were as follows:

1. The sector administrators had requested more support, and a faster response from the functional departments. Instead they were getting a vote of no confidence with a scale 29 sitting on their shoulders, thereby robbing them of the independence which is the great attraction of their role. Furthermore, response time would be slowed down because each 29 would have twice as much work to do.

2. The third-in-line functional officers had been complaining that their bosses were too involved in general matters, and that they needed to see more of them. Now they were going to see even less.

3. There was a need to improve co-ordination between functions, because although each ran well there was a 'gap' at their boundaries. The proposed changes would tend to give each 29 a little self-contained empire with little or no incentive to improve co-ordination.

4. There would be a bias for functional officers to give their boss's sector preferential treatment. Sectors would develop differentially. One would

have excellent supplies service, another excellent personnel support, another would sprout new capital developments.

5. On the other hand there would be competition between functional and operational staff. In a 29's absence his colleagues would tend to work through his more accessible HQ based functional deputy. If a sector administrator was absent his functional opposite number might tend to cover for him instead of the operational staff lower down.

6. Finally, how could a 29 perform a consultancy role one moment e.g. as Area Management Services Officer, and be boss the next? He would give a sector administrator "advice" on O and M, followed by instructions on something else. It could not work.

By this stage my argument was gaining support and two other options were tabled by 29's. It only remained to see what reaction would actually occur at the coming meeting with all the third-in-line officers as well, and it was agreed that all three options should be put to that meeting. In fact, yet another appeared by the start of that meeting.

Option 2 entailed splitting operational services into two with the other 29's sharing the functions between them rather like a multi-district area. Option 3 suggested that the General Services Administrator should be responsible for all hospital administration as well as some supporting services and the secretariat, with the Area Supplies Officer taking on support services also. It had many of the existing weaknesses but involved least change. Both these options involved splitting community services from the hospital service and placing them under the Family Practitioner Services Administrator. Option 4 introduced monitoring relationships, so that some 29's would monitor some hospital or community services, although the Operational Services Administrator would retain final responsibility. Management Services would be divided up and the different sub-sections shared out. My recommendation, Option 2, was the only one based on a deliberate survey to try and understand the problems of the organization and to take account of more than sectional interests.

At the general meeting, which 22 first, second and third-in-line officers (excluding myself) attended, there were two philosophies outlined. On the one hand

the Area Administrator had been in contact with other Area Administrators around the country who had advised him not to weaken the functional structure. On the other hand the Operational Services Administrator put the case that he had found the job far too large for one man (it must be noted therefore that any decision to merely replace him with one of his peers was an indication that any weakness had been his own personal ability to cope). Several of the third-in-lines supported this argument, although it should be realized that by and large all sector and unit administrators dislike centralized functionalization.

After a general introduction the meeting was thrown open and a number of points were discussed and alternatives suggested. Eventually the Area Administrator asked each person to state his preference and the voting was as follows:

Option 1	-	0
Option 2	-	10
Option 3	-	0
Option 4	-	6
(A combination (of 2 and 4	-	6

The voting was interesting. Option 1 which received no support at all and a lot of criticism, was the

Area Administrator's own choice. The criticisms were almost exactly the ones I had anticipated, and my comments were fully vindicated. Option 2 was one I had suggested to my boss and which he and the Area Management Services Administrator also supported. (Before the previous meeting my boss had told me it was not worth bothering to try and dissuade the Area Administrator or suggest any alternatives, but when I did so he supported me. He and the Area Management Services Officer were the two leading figures in the group of 29's, often described as the two 'hard' men by their peers and colleagues. Both wanted to do operational services, so the appeal of option 2 is clear - they could both fulfill their immediate ambitions).

Option 3 had been put forward primarily, I think, by the Area Planning Officer who apparently did not want further resonsibility - he was now the oldest of the group - and supported by the Area Supplies Officer who had little or no operational experience and was probably unhappy about taking on any such responsibilities. As the latter put it at the previous meeting, "I'm more likely to become a Regional Supplies Officer if I am called Area Supplies Officer, than if I am some sort of divisional administrator with a supplies interest".

Option 4 was again the Area Administrator's idea, and he described it as an evolutionary model.

It is perhaps not surprising that the Area Administrator chose to see the discussion as demonstrating a split decision between options 2 and 4, although my figures showed a clear choice for option 2. He even added that option 4 seemed to have the edge with most people because it least disrupted the existing situation! I can also be accused of a biased perception, but I took full notes of every person's comments so I am sure of the analysis. I have not kept a record of the Area Administrator's score of votes, but I used my own in the official minutes, and they were not challenged. However, it was said that the consensus was a mixture of 2 and 4 and after further debate about the alternative advantages and disadvantages of various changes it was agreed that the Area Administrator and 29's should meet again privately to reach final agreement.

At the subsequent meeting the Area Administrator put forward a diagram showing options 5, 5a and 5b, and my boss put forward option 6. However only the latter was now prepared to argue for dividing up

operational services. Why the others backed down is uncertain. All along the call had been to strengthen operational services management, but this merely sustained the status quo. It seems likely that the extra responsibilities which option 2 or its variants would place on the other functional 29's were too frightening and they let it be known to the Area Administrator privately beforehand, although I do not know this, that they and their staff would deprecate this. On the other hand a single Operational Services Administrator would only affect a couple of people. There was therefore support for option 5a because it had least affect on those who were happy as they were.

Everyone was asked to let the Area Administrator have their preferences for the posts, and as it happened the Area Personnel Officer, my boss, became Operational Services Administrator, and the Area Management Services Administrator took on Personnel as well. There was thus no change except for the two 29's most wanting it, one being given an enormous division of over 80 staff and the other the challenge of a job he wanted and his predecessor had 'failed' in.

So what can we conclude from this episode? I had averted option 1 and there had been a consultation exercise that vindicated my action and improved morale amongst third-in-lines. But my proposal to meet the professed requirements, and produce a balanced structure consisting of two operational services departments, a 'physical resources' division, a 'human resources' division, 'planning and information' division and 'supplies and support services' division failed in all but one case, and that one now looked far too big because it had retained various other bits and pieces as well. (I have not set out all the reasons for my proposal because it entails describing in some detail all the divisions and this is of only limited usefulness). I failed to get the changes even with a clear voting majority - although I must emphasize that none of the third-in-lines knew who or how the options had been drawn up. The reasons were an inertia to change by both sub-departments and individuals. I achieved far more than my ordinary organizational position could have normally allowed, but I was not of sufficient significance to fully expose what was happening. I was left feeling very much like the Welsh proverb: Nid a llair, gwellir gwlch. "It is not good, where better is possible".

PART C

FROM CONSULTING TO CONCEPTUALIZING

CHAPTER 13

INTRODUCTION

I have so far described two case studies, one in more detail than the other, which demonstrate amongst other things how difficult it is to bring about changes in organizations. Why is this so?

One set of questions includes, Why do people say one thing about organizational aspirations, yet act in ways that belie their words? And, why are hierarchically senior individuals so powerful in influencing the behaviour of their subordinates even when frankness and openness are professed?

The phenomena I have described are not unusual. Argyris (1966) describes behaviour patterns amongst an executive group very similar to those described in the second case study, and other examples are easily found. But although the descriptions seem valid enough, explanations for such behaviour are less frequently explored satisfactorily.

At the very beginning of my study I had explored a number of behavioural models that were supposed to depend on our biological inheritance. Most I rejected as invalid, not proven, or simply irrelevant to the organizational analyst. An account of my search is given in Appendix II.

A second set of questions concerns the behaviour of the organization as a system bigger than a group of individuals in frequent face-to-face relationships. Why does an organization manage to survive even large fairly abrupt changes of staff? How? What are the effects on goals and control systems at one level, and on operational performance at another?

In answering these questions I found the literature on self organizing systems and networks extremely useful in considering change, especially the research on the development of the human brain through early childhood. An account of this literature and its application is given in the next chapter.

Once I had begun to think of what I was observing in broader-brush systems ideas, I also began to notice 'echoes' or 'resonances' at different levels of phenomena. For example, I began to notice that in

hierarchies the complaints respondents made about their bosses were often exactly those made against them by their own subordinates.

More importantly, there were distinct similarities between the processes of behaviour and change at individual, departmental and organizational level. Out of this realization I developed what I call an 'ecological' model which is also described in the following chapters.

CHAPTER 14

NETWORKS AND HIERARCHIES.

'Network' is a word that occurs fairly freely in sociological and social anthropological literature. The study of an individual's network of contacts has been used as the starting point for many analyses, especially in complex societies where an individual does not have a face to face relationship with everyone in the community in which he lives e.g. Bott (1957) and Mayer (1966). Even in smaller groupings the network of a person's contacts out of the total possible permutations has been of interest, e.g. in Moreno's sociometric approach.

Networks can be used to reflect the reality of social relationships as opposed to the formal structural picture that may be described by actors or observers. The informal systems that exist in organizations or societies can be described as networks. That such informal systems exist has been recognized for a long time. Burns and Stalker (1961) asked themselves why organizations do not shift from 'mechanistic' to 'organic' structures

in times of change, because their research indicated that the firms with the latter type of structure were more successful in changing environments that are in a state of flux. Their answer was that as well as an overt organizational system there are also covert political and status systems that develop in organizations, and these informal systems resist change. The three are in some sort of equilibrium and to change the overt is to have an effect on the covert. Schein (1971) has also noted that there are 'informal organizations' and 'social organizations' alongside the formal structure.

Schon (1973) also uses the term 'network', and again considers informal networks in change situations:

> "There are the informal or 'underground' networks connecting persons, groups and organizations. These are used to circumvent, supplement or replace the operations of formal organizational systems. Informal networks have long served to enable people to get things done when the formal networks

> failed.... All large organizations - military and government bureaucracis are famous for it - have their interpersonal networks for exchanging favours on which most business depends. The very life of social systems has depended on the operation of informal networks".

And again, referring to situations where there is no formal structure and its design would be problematic:

> "The network created may serve as a kind of 'shadow system' for the creation of the functional system itself".

Thus we have the informal system or network acting both as a way of resisting change, and of promoting action when the formal system fails. (The expression 'old boy network' can imply either of these aspects). These networks are therefore important as we try to view an organization in a change situation.

The concept of networks is also important in the fields of neurophysiology and cybernetics, and it is now necessary to consider these approaches in greater detail before returning to the organizational application.

Dr. Colin Blakemore, the 1976 Reith lecturer began his series on the human brain with the case of Phineas Gage in 1848, which started a new interest in the subject. He had been packing explosives into a hole when an explosion occurred and the tamping iron passed right through his brain. This left a hole but, surprisingly, did not kill the victim. Since then it has been more fully established that the brain can suffer incisions and damage which may cause personality changes but which are not fatal. Much information has been gained from the treatment of brain lesions and the use of leucotomies in the treatment of mentally ill patients. Sperry (1962) has described this phenomenon and considered how the brain continues to function. His conclusion is that the enormous overlap of the fibres and cells enables the brain to by-pass local damage, and he contrasts this with an electrical or mechanical circuit where a burnt or worn out component renders the machine inoperative.

A fascinating feature of the brain is its ability to engage in purposeful structural behaviour whilst being itself a random network of cells. One can object that it is not random, it is coded by its

genetic material, but if the Darwinist position is adopted one is re-confronted with the problem because of the random development of the code. Again, how is it that the brain is able to learn new ways of behaviour, or even synthesize new ideas and behaviour, if it is coded? This question is raised by Apter (1972). The code should severely restrict or even prohibit the development of the novel. Yet the adaptability and creativity of the human brain defies our expectations, and so the question still faces us.

It is at this point that cybernetics comes into the picture. The word 'cybernetics' is from a Greek root that has also given us the word 'government'. According to Guilbaud (1959) it is a 'cross-roads' discipline concerned with circuits and networks, feedback, purposive activity and statistical problems involved in information theory. Since then it has come to have a much closer association with control, as found in the brain and computers. Much work has concentrated on 'self organizing systems', either electronic or living.

Von Foerster defines such a system as follows:

> "A self organizing system is a system which changes its basic structure as a function of its experience and environment". (Quoted by Andrew (1972) who adds the rider that the change must be "advantageous in the achievement of some preassigned goal").

Ashby (1960) built a machine called the 'homeostat' that endeavoured to maintain a stable state. Various changes of input could be made but the internal logic of the machine led it to reject the changes and return to stability. This can be designed around the binary logic system used in electrical circuits, and which are assumed to govern the information transference process in living cells. This is a most important function. Any system trying to handle various incoming data runs the risk of being diverted from any one task, and may even begin 'hunting' or oscillating in an uncontrollable manner between different goals. It needs some way of remaining steady. The brain has developed mechanisms of coping with this - whether organizations have is not so clear.

George (1965) builds on this to suggest a model for human problem solving. This is achieved by "multi-linked homeostats attempting to attain ultra stable dispositional states", and he assumes that homeostats abound in the internal core of the brain stem.

Beurle (1962) adopts another approach to the same problem. He starts by asking how a mass of cells interacting randomly can build up the internal organization to choose survival promoting behaviour, and he notes that in many regions of the brain there is no evidence that neurons are organized in any way.

In his model cells are excited by an impulse from the environment, and they in turn excite their neighbours. However, this mechanism alone would encourage instability, so an inhibitory influence between cells is postulated because he observes that in practice either a stimulus died out, or increased until all the cells in the network were involved in a "saturated surge of activity". It is unclear from his paper whether Beurle was using electronic devices or groups of algae as networks, but as these "unsaturated surges" do not occur in cortical activity he suggests how an inhibitory mechanism might occur.

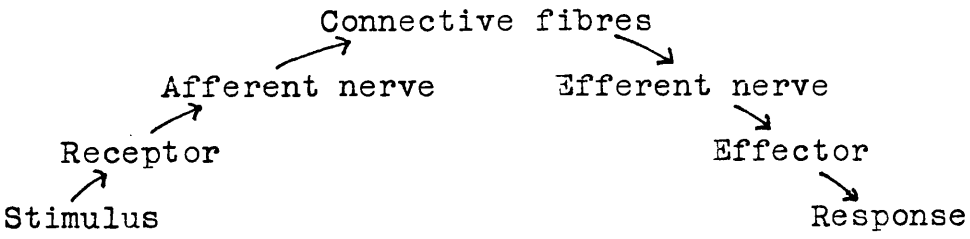
This mechanism depends basically on trial and error. The mass of cells finds that a particular reaction to stimulus is 'satisfactory' or 'unsatisfactory' and learns to react in this way with a lower level of stimulation. At first the inhibitory mechanism 'kills' the stimulus, but a stronger, sustained stimulus gives a localised reaction, which is repeated at a lower level the next time. The second stage is to mask out variations in background and 'noise', and to learn to respond to just the right excitory stimulus. Next it learns to be more economic and filter out redundant responses until it can react to a small stimulus whilst ignoring a lot of variable noise.

> "The organism.... can /now/ respond to a novel environment which is largely unfamiliar, provided there is some recognizable set of features for which a response has been learned".

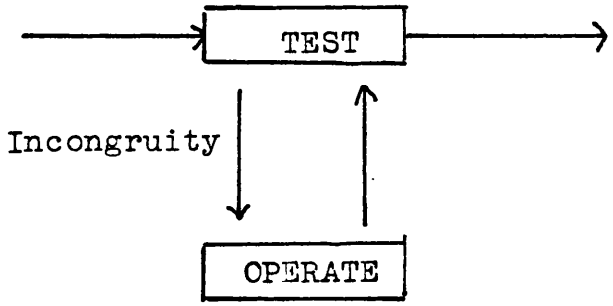
Indeed, a familiar feature of the background could elicit response even in the absence of the stimulus - a mechanism for applying solutions to novel situations. The conditional response and thought are thus mechanisms for using memory traces to economise on reacting.

Andrew (1972) challenges the assumption that humans are self organizing, and says that they "start with a highly organized state at birth". He suggests that multilayer networks probably rely on local goals to do with redundancy or on usefulness of sensory inputs, and that some form of significance feedback on data processing occurs. There is no direct evidence of this in the Central Nervous System (CNS), but as supportive data he quotes Singer's observation that if a nerve fibre linking a taste bud in a cat is cut the organ atrophies, just as a muscle does if its motor nerve is cut. The paper is suggestive rather than conclusive, especially when the possibility of significance feedback in social and business systems is introduced. As I understand it he is suggesting that some pathways are learnt to be more important than others and this lends structure to the cell mass.

Pribram and his colleagues (Miller 1968) reject the well known concept of the 'reflex arc' as a myth that is overly simple and elementary. The 'reflex arc' follows the following sequence:



In its place they offer the TOTE unit, which stands for Test - operate - test - exit:

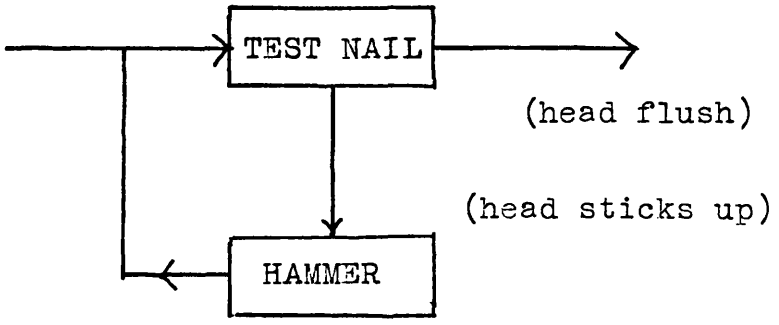


The arrows could be energy, information, controls or merely a succession of events. The unit might be describing a flow of neurons in a simple reflex movement, or communication flow in a behavioural response.

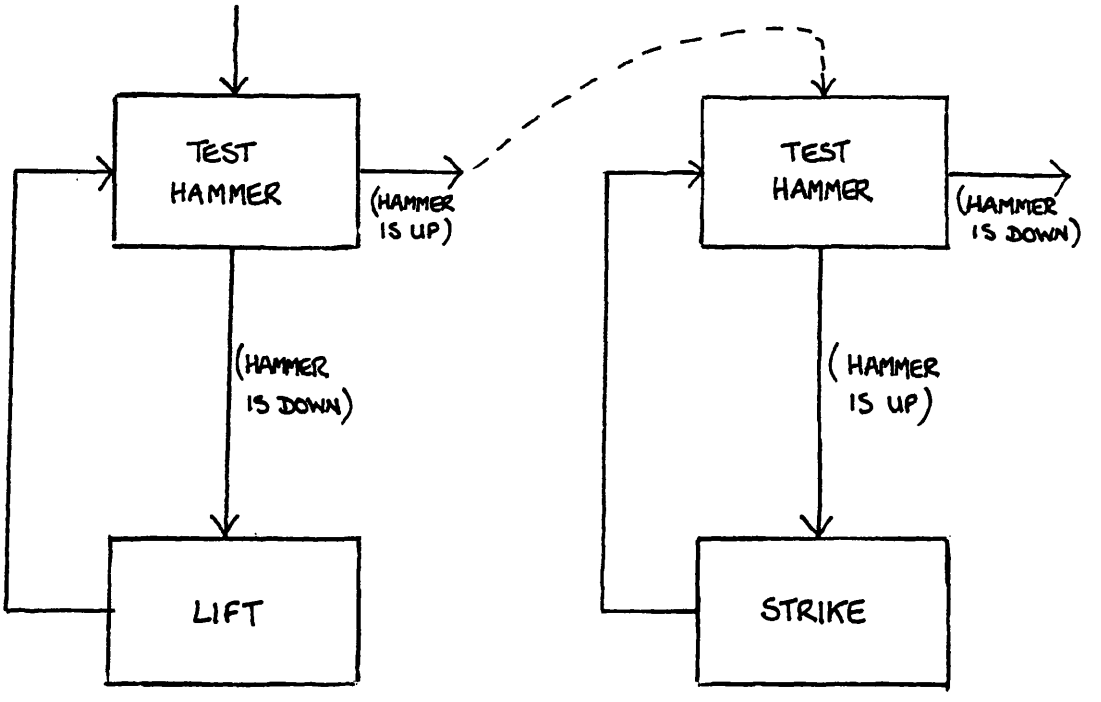
In this model feedback is not just reinforcement, it is for the purpose of comparison and testing. Otherwise, if we use their example of a man seeking a postbox and posting a letter, the man would seek further mailboxes

until the 'learnt' success of the first posting wears off. In reality the man's interest is immediately lost because his behaviour is part of a wider plan.

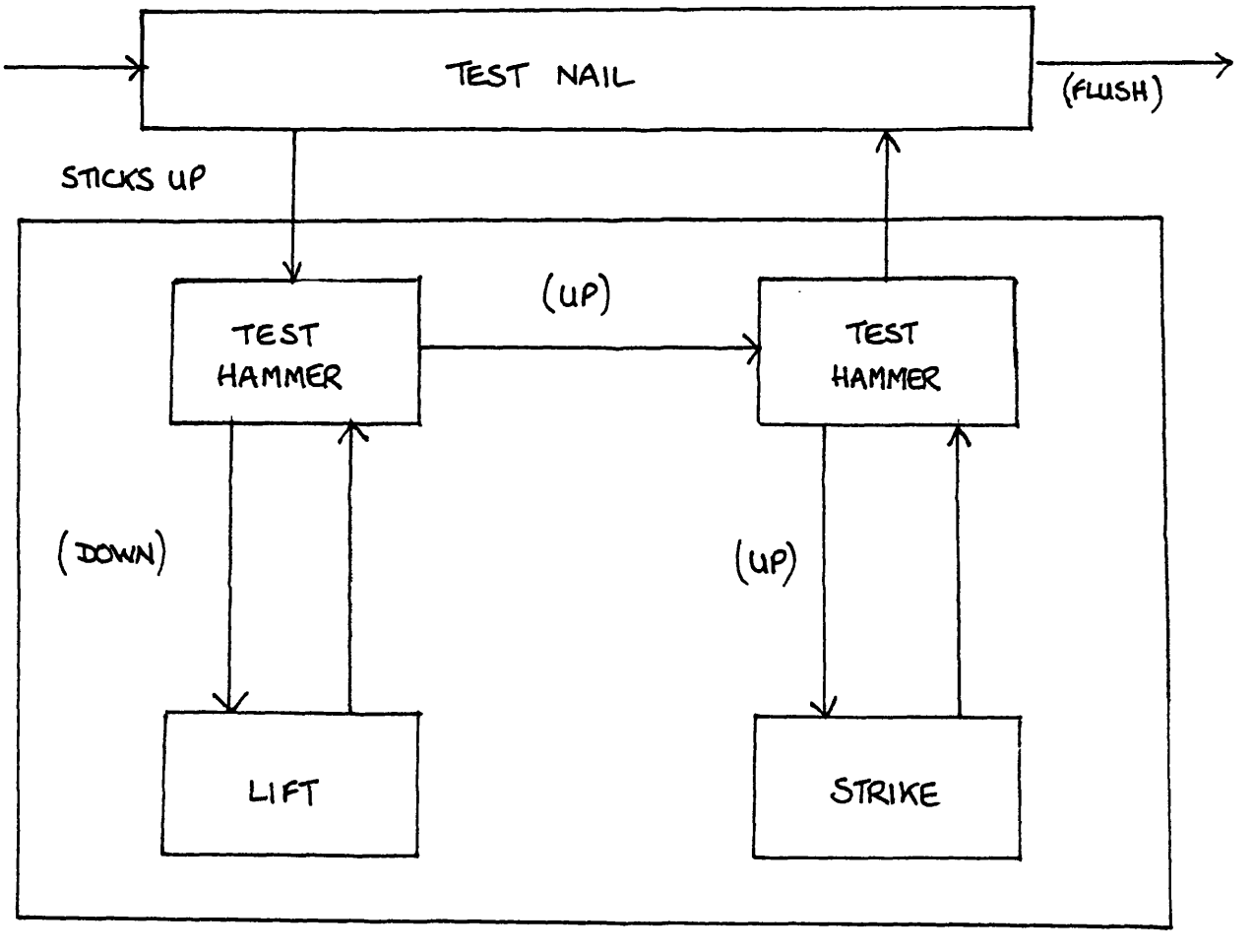
TOTE's are part of 'Plans', and the following three diagrams show how TOTE's are built into a hierarchy. The example used is hammering a nail, and first of all the nail is tested:



The next step is to test the hammer, and the dashed line indicates how two simple TOTE units are connected to form the operational phase of the more complicated TOTE unit in the previous diagram.



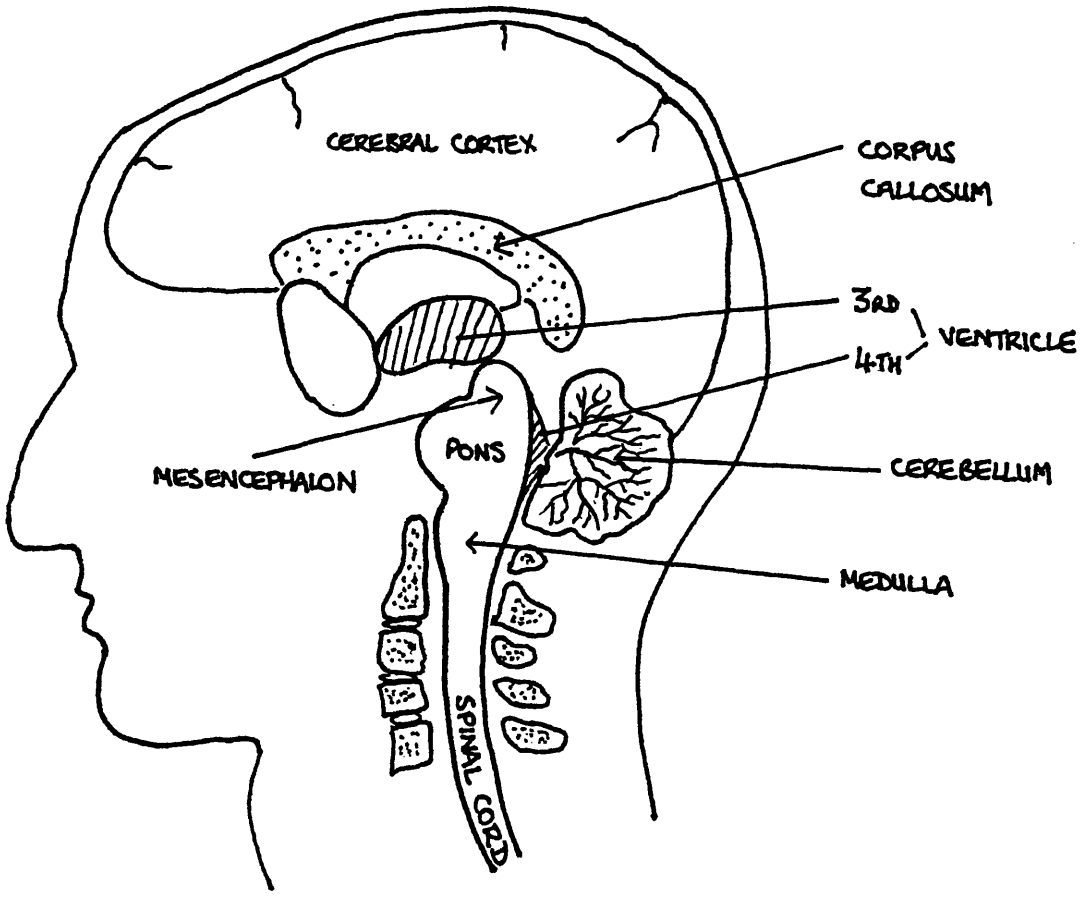
Thirdly we see a hierarchical plan for hammering nails:



According to these authors people have many 'plans' available to them, but they remain unused until there is a command to activate one. The difference between a chain of actions and a plan of action is that in the latter later parts are an intended part of the original command. They believe that man's verbal and planning capabilities are intimately related, and because human plans are so often verbal they can be communicated, which is, as they say, "a fact of crucial importance in the evolution of our social adjustments to one another".

We are beginning to see in these various models that hierarchy is an indispensable factor. George concludes that a hierarchical process in the nervous system is necessary for reinforcement to occur and thence purposeful behaviour. Indeed, Beurle's model depends on reinforcement. Pribram talks of 'plans'. Andrew has localised goals that use redundancy criteria - presumably determined from above. We might, therefore, start to conclude that the hierarchy is not just an analogy when it occurs in our business organizations. If we define such systems as above all purposeful, then hierarchy will be an essential characteristic.

If we turn to the actual structure of the brain, or the CNS, we are again confronted with a hierarchical structure. The following diagram indicates the general features of the human brain:



BASED ON BEER (1973).

The bulkiest part of the system is the cerebral cortex, the large convoluted mass on which we depend for the general intellectual activity we engage in, including pattern recognition, memory, planning, etc. Surprisingly this vital organ has no direct connection with the environment, or even with its body. The twelve pairs of nerves that register stimuli from the eyes, ears and other receptors, in fact feed into the subcortical forebrain and the brain stem (a swelling at the top of the spinal cord).Stimuli are processed by these latter regions before reaching the cerebral cortex, and the vast majority of such stimuli are in fact filtered out.

Beer (1962 and 1972) has covered the control mechanisms of the brain in great detail, and in particular has tried to develop models of control for businesses based on the CNS. There is no need to duplicate this work in great detail here because my interest is in the hierarchical nature of the CNS, nor will it be necessary to go into great anatomical detail because a schematic concept of it will meet our needs. However some indication of the functioning of the CNS is necessary.

Self-organizing systems are immensly complicated networks, so complicated that there is little likelihood of the course of impulses being tracked through them. Therefore they are often called 'black boxes' and cyberneticians concentrate on what goes in and what comes out, rather than what happens inside. Another description is an 'anastomic reticulum', referring to the fact that the networks' pathways are so intertwined that specific pathways cannot be identified. (Another term is 'multiplexing', and this principle is the basis of Sperry's explanation described above). It is consequently impossible to say exactly how or why the outputs are what they are.

The brain is such an anastomic reticulum. It contains perhaps 10^9 neurons and there is no way of tracking what happens to impulses entering it. For example, Beer (1972) demonstrates that an anastomic reticulum trying to link inputs and outputs in an environment of just 300 variables would need to cope with 3x10 bits of potential uncertainty. It would, says Beer, require a computer the same mass as the earth running for the earth's history to handle this. Yet 300

variables is miniscule compared to the environments coped with by our brains, or in even a small business.

An anastomic reticulum must be prevented from proliferating variety or it is useless. There has to be an enormous redundancy of information if brains, or firms, are to cope.

Beer describes one solution which is to distinguish between "algorithms" which specify ways of reaching specific goals, and "heuristics" which merely define general goals. The computer,or whatever, is then set in motion, and one ignores the dynamics of the process and just provides feedback to the system so that it sees whether it is heading in the right direction or not. But this requires a hierarchical organization that can specify the 'meta'goals.

Another way for hierarchies to cope is for lower levels to filter out information. We have already seen that in the CNS all information must pass through the spinal cord and brain stem. Some is processed at these levels e.g. reflexes are purely lateral, they pass into the spine and out again unless voluntarily controlled from the cerebrum or cerebral cortex. Other impulses get passed up into

the brain stem. The brain stem also collects data from the eyes, ears, etc. The pons, medulla oblongata and cerebellum all have their own specialsed activities, some carried out at the conscious level and some, for example, the sympathetic and parasympathetic systems, at the unconscious. But the significant point is that each of these organs is itself an anastomic reticulum, and is responsible for filtering out much data or combining it to pass on a co-ordinated message. This means that there is a considerable need for significance recognition, and also that a system exists for bypassing the filters. The cerebral cortex is then able to concentrate on handling the data pertinant to the specific problem facing it at a conscious level.

Thus the CNS is a hierarchically organized set of anastomic reticula that are arranged so that the enormous quantity of data received by the body's sensors, from outside and within, can be efficiently handled. Another quality is that it is very robust. Because of its nature an anastomic reticulum can cope with a considerable amount of damage or structural interference.

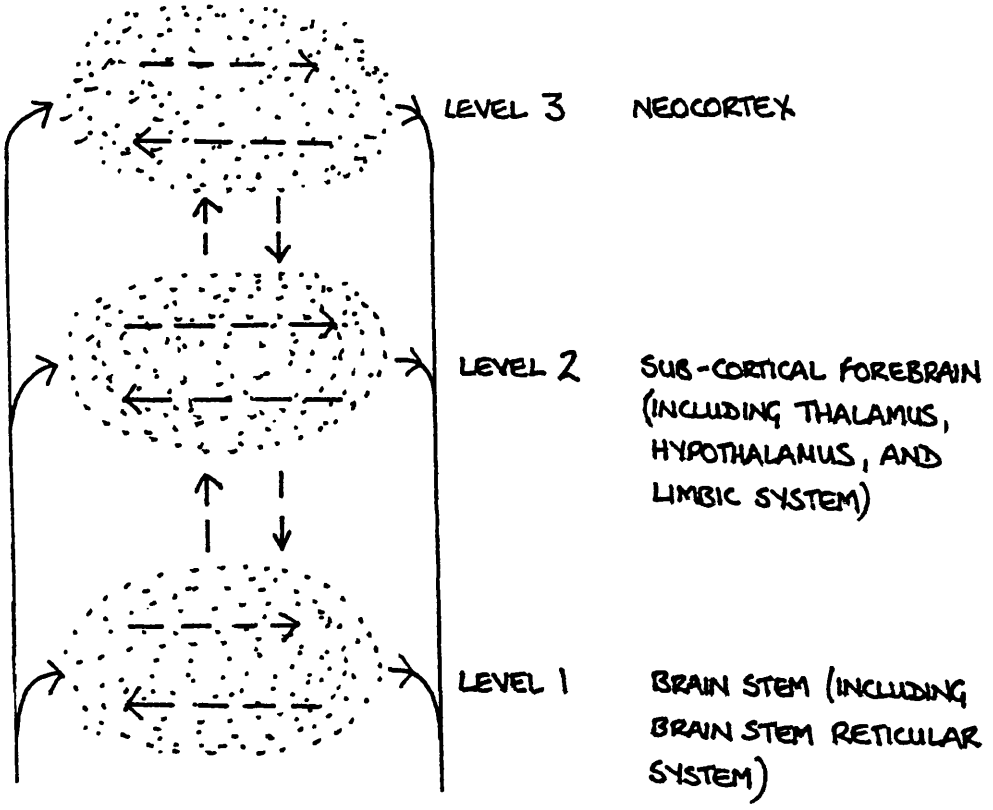
Earlier I referred to this in another context and mentioned Sperry's conclusion which would tie in with this description of the brain - or the organization. For it is here that I see an explanation for one of the characteristics of the post Reorganized health service in the area I was examining. I have already described how the senior officers in the Area were completely replaced. The structural changes imposed upon the organization were in one respect unimportant. By and large officers were appointed to various roles and given tasks to do, and the organization continued to provide health care to patients the day after Reorganization in much the same way as it had the day before. Yet the individuals I interviewed clearly expressed the view that things are less efficient than they ought to be and morale was very low at the operational level - where in fact least changes had occurred. To explain all this we need to consider the informal networks that are so important. Small organizational changes - an individual being promoted or a department disbanding - can be coped with because the system is an anastomic reticulum or multiplexing.

But in this situation the informal networks were almost totally traumatized and the change was too great for the pathways to become re-established. With 'memory traces' removed and the informal pathways destroyed many individuals felt quite helpless and impotent. The natural response was to proliferate all sorts of new formal structures to cope with 'communication problems', control systems, and so on, and there was much puzzlement why these measures did not overcome the problem.

My initial conclusion, therefore, was that the dysfunctional activities that were being complained of, particularly by the operational levels, were the result of traumatized informal networks by which much organizational work would normally be done. But although this explained the particularly low morale and efficiency of the operational levels it did not fully explain the behaviour of the higher organizational levels. To begin explaining this I now need to return to a schematic description of the brain.

"Ontogenetically", says Bronson (1965), "the emergence of new behavioural capacities is seen as a function of the sequential maturation of networks within the different levels /of the brain/". He attempts to link learning capacity and the sorts of stimuli which provide reinforcement of learning, and preposes "a rough developmental chronology of learning" which passes "from classical conditioning, through instrumental learning, to latent learning phenomena". This sequence "parallels the maturation through early infancy of neural networks of increasing cognitive and motivational differentiation. The adult organism, it is assumed, may acquire information under any of these paradigms, depending on the circumstances of acquisition".

He suggests three critical periods in early development, "each defined by a shifting saliency of different environmental events", and each beginning with the maturation of networks of the three CNS levels and ending as higher levels mature and develop inhibitory functions. His neurolcgical model is only schematic to illustrate the general argument:



The stippled areas represent neural tissue consisting of networks of short axon neurons with multiple interconnections, and the arrows indicate long axon neurons interconnecting neural tissues between and within levels, peripheral afferents and peripheral efferents.

Level one is the brain stem at which level gross motor functions are mediated, and which function indicates the brain stem's phylogenetic primacy. The brain stem reticular system co-ordinates such things as eyes, trunk, and orienting responses to tactile, visual and

auditory stimuli, as well as reflexes such as papillary movement and sucking. Whereas for some simple vertebrates brain stem responses are all that they have, in man they only form a background, and some responses (e.g. sucking) may disappear soon after birth. It mediates diurnal variations in sensory alertness and motor activity. It is responsible for defensive reactions which can override level 2 thalamic focussed attention behaviour in order to alert the whole organism to danger. This defensive reaction would lead to fear reactions and either escape or further exploration. Reticular activity can be affected by nutrients in blood, sex hormones and adrenalin. More discriminative reticular functioning is effected by higher regions of the brain involved in memory and emotion. Level one is rich in afferents from the sex organs and pain receptors.

Level two is the subcortical forebrain. Bronson describes three main purposes of networks at this level, although he acknowledges that the networks are not fully understood yet:

1) More refined sensory discrimination and motor co-ordination.

2) Specific motivational and emotional orientations which support on-going purposive behaviour sequences.

3) Mechanisms for the control of attention.

In man this level has concentrated on motor co-ordination, with gross control over limbs and face. The auditory and visual experiences are lost and are handled at level three, while the corpus striatum, pallidium, and parts of the thalamus and subthalamus function as higher integrating mechanisms within the extrapyramidal system.

Motivation networks are responsive to changes in internal chemical environment, to direct inputs from pain and sex afferents, and to auditory and visual perceptions mediated by the neocortex. The limbic system mediates emotional behaviour. Attention mediation is a function of the feedback between nuclei of the thalamic reticular system and areas of neocortex (parietal, occipital, and temporal) adjacent to various primary sensory reception areas. These mechanisms focus attention and are guided by perceptual novelty rather than 'needs' - in contrast to the general alertness of the brain stem.

Level three is the neocortex where highly developed perceptual, cognitive and motor capacities are located. Bronson confines his description of this level to noting the "major role of the neo-cortical systems in the instigation and orientation of exploratory behaviour". These systems initiate and support the exploratory or fear reactions mentioned under level one.

The purpose of Bronson's paper is to draw out the parallel between the increasingly differentiated sensory and motor mechanisms of the three levels, and the "sequential appearance of successively more refined adaptive mechanisms in early human development". He notes that as an infant grows there is an observable change in its capacity to orientate and discriminate and reflexes disappear. At about three months there is rapid neocortical maturation, and the newborn infant's fleeting orienting reactions give way to more persistant exploratory behaviour.

He argues that the increasing emotional expression suggests an "increased motivational differentiation, as well as increased cognitive capabilities". This supports his contention that man's neocortical

networks are not just perceptual but have developed motivational functions. These latter are responsible for sustained flexible goal-orientated behaviour, independent of immediate environmental stimulation, and of any recognized physiological need. His view is that learning theory and psychoanalysis underplay this and overemphasize brain stem systems activated by biochemical changes and sustained by subcortical systems. In other words, although the trauma of birth and subsequent early experience is important to level one learning, level two learning depends on maturation of pattern perception, and level three on a rich environment. The learning of lower levels influences the reactivity of later more complex networks, but the latter are not totally dependent on the former.

Reviewing the arguments he makes three basic points:

(1). Networks at higher levels are increasingly discriminatory.

(2). Capacity for complex behaviour is increased as higher levels selectively excite/inhibit lower levels.

(3). Lower levels modulate the activation of higher level systems.

These points seem of importance to me because of the implications to the organism if the hierarchy fails to develop as it should, or if the lower levels are not modulating the activity of the higher systems, and if the latter are not increasingly discriminatory. In the organizational setting in which I was working it seemed to me that the higher level systems were not behaving in higher level ways. Rather than exercising higher discrimination there was a tendency for senior officers to get involved in routine matters, under the excuse that the lower level officers were lacking ability. It could have been that they <u>were</u> more discriminatory and this enabled them to spot their juniors' weaknesses, but the complaint from lower levels was that they knew what to do but were prevented from doing it because of the close involvement of their bosses.

Bronson's schematic division of the brain into a hierarchy of three levels suggested a link with Parsons' (1976) observation that the organizational hierarchy has two breaks in it. The first is between managers/administrators and the technical specialists who are often junior to the former and identify themselves with an external reference group. The

managers set the general shape of the organization's activities, the specialists make demands in terms of resources and limitations. The second division is between the board or policy making group and the top manager(s). He says that the former are an interstitial mediating device between the organization and its environment, and this role suffers if it gets sucked into the running of the organization.

If there are two gaps then there are three regions, and although this is an overly simple comparison it offered another piece to the model I was trying to develop to explain what I was observing. It filled in the gap from my earlier belief that the organization was simply traumatized by a too severe removal of nodes in the informal networks. It now seemed that this had to be coupled with the fact that there was an inchoate higher level organization superimposed on the 'brain stem' operational level which was traumatized in the vertical rather than the horizontal direction.

To test this hypothesis I examined further the behavioural development of the human infant as its CNS developed. My hope was that I would find analogies (or homologies?) between the developmental pattern of infants, and the behaviour of the organization in its putatively formative years.

The development of human infants is fairly well documented and has been for years, and I will sketch out the main points as can be found in any number of clinical textbooks used by paediatricians. I am quoting largely from Dekaban (1959). The very latest research indicates that human infants are far more developed, at an earlier stage, than these textbooks (and the other writers quoted above) have recognized. Bower (1977), in fact, demonstrates this clearly with descriptions of a number of experiments that fundamentally challenge many of the assumptions. However this does not remove the descriptive usefulness of the accounts used here because I am only looking for general similarities. The fact that a time lapse sequence of photographs shows how much more purposive a baby's arm movements are than casual observation suggests, does not alter the fact that the movements are clumsy and unsuccessful.

Dekaban notes that during the first three months of life the infant's breathing, temperature control, and other functions later controlled by the autonomic nervous system, are not governed well; they tend to be jerky and over-reactive. At about three months the activity of the internal organs is fairly well stabilized, and although many infantile relexes are still necessary, others become less definite. It is at this stage that the infant begins to realize that voluntary motor reactions can be made in response to visual or sensory stimuli, Gaze is fixed at an object and attempts to grasp it are made, however the ability to judge and appraise matters such as distance, size and shape are absent.

By six months considerable cortical control over voluntary movements and posture are demonstrated. Small objects are manipulated and transferred from hand to hand. The infant begins to be able to localize, in a general way, where pain occurs e.g. withdrawing a limb in response to a pin prick, and perhaps gazing at the region affected. This indicates a developing association between sensory perception and motor response. Some reflexes disappear completely

e.g. the Moro reflex, whilst sucking and stepping can still be elicited. Although participation of the cerebral cortex in the activity of the CNS is more obvious at this stage Dekaban stresses that responses to stimuli are still crude and stereotyped.

At nine months voluntary activity has developed considerably, and the infant creeps about and explores objects, and at ten and eleven months will pull himself up to a standing position. Sensory perception also matures, and painful stimulus is specifically located. There is determination in the infant's wishes, and likes and dislikes are demonstrated. New reflexes can be seen for the first time and these indicate a greater degree of integration of the cortical mechanisms in the sensory and motor systems. "However, it is evident that perception as well as execution of voluntary acts are still primitive and awkward and that they require prolonged and extensive exercising". There is little development in the ability to communicate, to learn by experience, or to utilize judgement.

By the first year of age communication and walking are developing quickly, and there is much improved co-ordination. Two or three blocks can be built up

and matched. Not only can painful stimuli be located exactly, the infant may anticipate the pain and try to push away an approaching pin. Spatial memory and 'personality' are in evidence. There is noticable advancement in using cortical mechanisms and integration of anterior frontal, temporal, occipital and posterior regions of the parietal lobes.

Although still primitive compared to older children motor and psychological reactions have developed further by eighteen months. There is increased ability to discriminate and integrate visual and other sensory perceptions. Memory is used to solve new problems, and situations (e.g. size, shape, distances) can be appraised at a glance. However, most of the period between twelve and eighteen months is used for developing and perfecting faculties present during the first twelve months.

This perfecting, modifying and extending of previously acquired faculties is the major activity after two years of age. By then there is a good perception of space and body position; co-ordination of sensory and visual mechanisms is good; speech includes the use of verbs and pronouns, and simple sentences are

used; there is improved ability to solve problems and concentration and attention are increased; signs of possessiveness and frustration are evident. On the other hand emotional reactions are poor and many more new skills have yet to be acquired.

This developmental sequence is recognized rather than understood i.e. little is known about the actual mechanisms of development although the outcomes are clearly observable. The fact that "a moderate degree of congenital malformation or destruction of the cerebral cortex" may pass unnoticed demonstrates the degree to which integration of these phases takes place at the sub-cortical level. The stages follow on as a natural sequence of the development of the various 'levels' of the CNS.

Beer and others (e.g. McCaul, 1973) have tried to indicate direct analogies between various organs of the body and possible control systems in organizations. These mechanisms tend to rely heavily on 'management by exception', and the sympathetic and parasympathetic nervous systems. My aim is not to follow this path but to look only at the observable

results of a developing CNS, or level 3 in Bronson's terms, in an organization. For it seems to me that the description of the developing infant that Dekaban and others give, is remarkably consistant with the descriptions people gave of situations within the newly formed health authority. At first there was a tendency for the Area Team as a body to become aware of problems in a generalized way, but to take action that seemed heavy handed or poorly co-ordinated by staff at lower levels.

In the very early days there was a feeling that no-one was in control and instead of running smoothly action occurred in fits and starts, reminiscent of the over-reactive internal metabolism of the very young infant.

I am very conscious that this comparison lacks hard evidence. This is explained by the fact that in 1974 and 1975 I was experiencing the situation rather than observing it. In late 1975 I left for six months to carry out full time study, and then returned to spend six months concentrating on matters within one sector. Thus I was not gathering data to support this argument. However, as I followed through the development cycle of the infant I was struck by the description of poor integration,

reflex responses, and so on. As one involved in the situation it seemed that the organization exhibited these same tendencies. A fairly innocuous occurrance or trivial problem would suddenly excite activity at a senior level out of all proportion to the circumstances, because of poor co-ordination. On other occasions there would seem to be difficulty in actually determining the nature of a problem and the action to be taken. There was no shortage of action, but it seemed to lack co-ordination and signs of planning and thought. By the time I had found the links with human development the 'infant' had grown and matured and these problems, whilst still greater than in most organizations however large and complex, became less apparent. Co-ordination and judgement improved, and there was more evidence of planning and 'pain' became more quickly identified and action was more in accord with the circumstances.

At the time examples seemed legion, but their significance was not recognized and they were not recorded. However, it was a common experience to find that the Area Team had seized on a routine matter and created a considerable stir over it. The operational staff involved often wondered how the

matter had been raised at Area level in the first place, and seemed to spend an inordinate amount of time explaining to one person after another what had really happened - often to the hindering of taking actual action. The explanation at the time was that the senior officers had been promoted so quickly at Reorganization that they did not want to 'let go' of the more interesting operational levels. One member of the Area Team in particular was felt to bring operational problems to the Team so that their attention was diverted from policy deliberations. This explanation may be true in its way, but I would now describe this as the development of a central hierarchy displaying the typical features of developing systems.

(In an attempt to relate the usefulness of systems ideas such as those expounded in this chapter, I have considered the effects of team management - a central tenet of the Reorganized NHS - on certain aspects of the organization. It seems to me that team management has led to serious risk of information overload and entropy, and my argument is reproduced in Appendix III).

CHAPTER 15

AN ECOLOGICAL MODEL OF ORGANIZATIONAL CHANGE.

My investigation of various types of natural systems proved to be valuable, as the previous chapter has indicated, because it helped me to describe the sort of enterprise I was observing. By untangling the inchoate central system from the traumatized operational system I could make better sense of what was happening, and describe the organization more accurately. However it did not explain the actual dynamics of the change process.

I have already outlined the well known structural elements of organizational life which facilitate work, and usually create enough inertia to dampen down change and accommodate it. These are the formal and informal systems of power and relationships, and in this respect the actual hierarchical shape of most enterprises seems to be an integral factor. But what of the process of accommodating change? Are there fundemental patterns that are typical of change in natural systems? My own research certainly seemed to

point to such a pattern, and I will use an ecological model to explain it. And I also hope to demonstrate from the work of various authors why the model might be considered universal in organizational life. The work I will draw on describes interpersonal relationships, interdepartmental relationships and interorganizational relationships. Each has been described fairly convincingly by three different authors but each of the approaches is characterised by the fact that although the work is well known it has not been adequately taken up by other researchers, nor have they been fitted into the general organizational theories. I am attempting to show that the approaches are describing the same phenomena but at different levels of organizational life. The works I refer to are : Emery and Trist (1965) on the organizational environment; Sayles (1964) on managerial behaviour; and Hodgson, Levinson and Zaleznick (1965) on the executive role constellation.

The term 'ecological' has been bandied about for at least a decade in all sorts of ways. Often it is used wrongly as a synonym for environmental, and in some works it is hard to see why the term ecology is used at all (a case in point would be Emery and Trist (1972)). In Bennis, Berlew, Schein and Steele (1973) there is

an introduction dividing the current approaches to the study of interpersonal dynamics into 4 categories. They augment this with a fifth category "an ecological character", by which they mean 'spatial' and 'temporal' factors. The term does not then reappear anywhere in the papers they collect together or in the linking comments. By contrast I am using it the way ecologists themselves (or at least the early ones) would understand the term.

Ecologists describe the world in terms of more or less open energy systems, or ecosystems, which are inhabited by organisms that exploit various 'niches'. Organisms live by using energy, primarily from the sun. Either heat and light are themselves absorbed by plants, or eaten in their converted plant form by animals, which are themselves eaten by larger animals - or in death by insects and bacteria. All organisms are caught up in the immensely complicated, interrelated ecosystem which we call Earth. And each organism, or, more accurately, each species of organism, has found itself a part of the system which it can exploit without such a weight of competition that it becomes extinct. There are quite crucial limiting factors of latitude, temperature, light, etc, which set boundaries to a species niche. The whole ecosystem is in a delicate state of equilibrium, balanced by a multiplicity of competing forces that hold one another in check.

This competition for energy, for a niche to exploit, is fundamental to ecological studies. Indeed modern ecology is typified by abstruse equations demonstrating energy conversion. In our terms it is confusing to talk in terms of energy because modern managers and organizations are dealing in 'energy' long since converted into money, machines, paper transactions, and so forth. We should not lose sight of the fact that energy is fundamental even to modern industrialism (witness the 'oil crisis'), but it is unnecessary to labour the point here. Instead I wish to concentrate on the competitive process of establishing niches, and to show how this same process can be used to explain much organizational change.

1. Change at the interorganizational level.

It is perhaps at this level that the competitive element of change has been most frequently recognized, and indeed in many respects it is fundamental to the study of economics. Perhaps at this level it is most likely to be seen as legitimate.

Organizational analysts began to take a greater interest in the environments of organizations once it was recognized that organizations were 'open' rather than 'closed' systems. This followed Bertalanffy's work (1950). The concept of open systems immediately focusses interest on the transference process, and particularly on inputs and outputs to the system. Interest in an organization's inputs and outputs naturally promotes interest in the environment.

Emery and Trist (1965) have analysed the consequences of environmental forces for organizations, and describe the environment as having 'causal texture'. They suggest four types:

1). 'Placid, randomized environment'. In this situation goals and noxiants are distributed randomly and are themselves relatively unchanging. Opportunities can be dealt with as they arise.

2). 'Placid, clustered environment'. Here the goals and noxiants are grouped together for some reason and are not randomly distributed. Accordingly an organization

needs a wider strategy to avoid being caught up in a part of the environment which is difficult or dangerous for continued reward and/or survival. Firms need to adopt an optimal strategy to balance gains and losses.

3). 'Disturbed-reactive environment'. In this situation there are competitors operating in the environment and they need to be taken into account, either to facilitate one's own actions or to hinder theirs, or both.

4). 'Turbulent field'. In the first two types the organization faces a fairly static situation, in the third, however, there are forces between competitors. In this fourth type the situation is again dynamic but here the environment or field itself is setting up forces that impinge on the organization. To make the situation even more complex the organization, perhaps because of its size or centrality to social processes, itself affects the environment and sets up more turbulent forces.

In their later study (1972) they discuss the organization's need to cope with the environment if it is to maintain its essential system and thereby survive. They say that there is "a gross increase" in organizations' "relevant uncertainty" due primarily to four trends:

(i). Their growth to meet type 3 environments.

(ii). The ever greater interdependency between economics and other aspects of social life. Although governments in the U.K. have tended to adopt a laissez-faire attitude towards industry, their attempts to promote an environment to accommodate this (promoting welfare as opposed to ill-fare) has inextricably drawn them into interaction with industry because of taxation, housing, legislation, etc.

(iii). An increasing reliance on research and development as a strategic objective (developed in type 3 environments to face challenges from competitors).

(iv). The rapid increase in the speed and scope of communications.

These sorts of issues have been taken up mainly by authors interested in the complexity of our modern world, and the difficulties managers have in coping with the changes e.g. Toftler (1970), Argyris (1967), Schon (1973), Vickers (1965). But my interest is in the response of these organizations as 'systems' to the environment and to each other. It is often assumed that organizations will seek to compete with one another and drive one another out of business by capturing the market i.e. strive to some sort of monopolistic position. However, this model may be quite inaccurate in a turbulent environment where large well established firms are operating. In a modern economy there are important non-profit making considerations that need to be considered, of which the provision of employment opportunities and exports are the major ones at present. Winkler (1975) in his analysis of corporatism notes that of Britain's 640,000 firms only 100 controlled over 50% of the economy. These firms could not be allowed to collapse, and much of the work of National Economic Development Councils, and other government inspired bodies have been to draw government and industry closer together in their planning activities.

In a different sort of approach Thompson (1967) describes the way organizations indulge in strategies to 'buffer' their primary systems from the uncertainties of the environment. One well known strategy is 'vertical integration', but as Thompson points out, there is a limit to the amount of such integration that can take place. He also notes the approach of March, Simon and Cyert and their concept of 'satisficing' rather than maximising organizational rewards.

All this suggests that organizations are not engaged in a life and death struggle, but in a game to alter their relationships towards one another, but not to upset the sort of overall equilibrium that is described by MacMillan (1971). In ecological terms, niches are competed for, but once established the aim is to maintain equilibrium, whilst protecting against the uncertainties of the environment. This might be done by competition for neighbouring niches (take-overs, integration, ruthless competition), or by negotiation or tacit agreements (government intervention, cartels, oligarchies, price fixing).

One of my biggest questions in economics is: why should organizations compete? It can be very unproductive, profit margins are trimmed, it is risky. Why bother? But equally, one might ask why organizations do not compete and maximise profits even when they could do so. My answer to these problems is that they are not primarily competing with each other, but for a secure niche. Their strategy and tactics depends on the security organizations feel against the uncertainties of the environment and the method by which their directors think they can maximise security or 'comfort'.

In the NHS such activities are plain to see. There is considerable activity to encourage health education through schools and local authorities to reduce demand. A transport system is provided to ensure a flow of patients to fill the well equipped well staffed hospitals that have been built, and to maintain the demand that already exists. Hotel and support sevices are increasingly centralized to regulate the effects of the economy. Central contracts are not awarded to the cheapest firms but are spread around so that the unsuccessful firm is not forced

into closure, especially where the NHS is a monopolistic user of items. Certainly the health authorities of Wales are not independent, but are closely tied into the political and economic structure of the Principality.

An interesting example of interorganization competition within the NHS can be seen in the activities of the trades unions. Traditionally the service has been non-unionized, but this has changed dramatically since the late 'sixties, and now even many doctors, nurses and other professional staff are members of unions. In fact recent changes of legislation have led to direct interaction, between unions and professional bodies e.g. the Guild of Pharmacists merged for trade union purposes with the Association of Scientific, Managerial and Technical Staffs (ASTMS) after initial competition; the Royal College of Nursing (RCN) has become registered as a trade union and competes with the National Union of Public Employees (NUPE) and the Confederation of Health Service Employees (COHSE) for nurses' membership; the Institute of Health Service Administrators backed away from such a move; and the position is in a state of flux still for all staff groups.

The most overt competition is between the unions serving ancilliary staff, which in the Area in which I was working meant NUPE, COHSE and General and Municipal Workers Union (GMWU). Many of the industrial relations problems in the NHS (and the ambulance service well before Reorganization) are interunion disputes and not management versus employee disputes, and there has been considerable discussion in recent years about how this can be overcome.

For the NHS trades unions power is seen in terms of membership strength. There is, therefore, an unremitting battle for new members, with little or no regard paid to the Bridlington Agreement which is supposed to control poaching. The competition has been most clear because the unions have been gobbling up a large reservoir of potential members. Each union projects a particular image e.g. NUPE is aggressively anti low pay, COHSE is 'more responsible', RCN 'puts the patients first'. Each new pay phase and each new round of industrial action changes the pattern of membership.

Whilst carrying out some work in the ambulance service as an independent consultant called in to try and resolve a dispute I had the opportunity to interview several full time trades union officers. It was most enlightening for me to see how large a part of their attention was concentrated on one anothers' activities. The concept of the trades unions forming a monolithic fraternity is as unfounded as the ceaseless struggle of many industrial 'competitors'.

2. <u>At interdepartmental level</u>.

Beckhard (1969) has observed that:

> "One of the major problems affecting organizational effectiveness is the amount of dysfunctional energy expended in inappropriate competition and fighting between groups that should be collaborating".

Everyone who has ever worked in an organization must be aware of internal competition between departments. It is a rich source of material for TV script writers as well as organizational theorists. Some consider it healthy, maintaining organizational 'tonus', some consider it pathological. Some see it as a product of

individuals' competitiveness, some interpret it as reflecting the different subcultures, time perspectives and goals of different disciplines. But however it is explained it does create much of the stress of organizational existence and does seem to lead to enormous wastage of energy and resources.

Whilst all the reasons given undoubtedly contain some truth the underlying cause is not exposed by them. If we take the view of writers such as Lawrence and Lorsche or Burns and Stalker that, for example, research and development have a fundamentally different orientation than production, we still need to know why the knowledge of this truth does not lead to greater tolerence. Why is it so difficult to work to the same overall, mutually beneficial goal?

Competition is rife in the health service yet the goal that all employees overtly share is a particularly emotive, simple and powerful one - the good of the patient. Within the NHS much of the competition is between professions but it is fair to include it as interdepartmental because 'departments' are frequently defined in terms of one profession e.g. the 'physiotherapy department', and we can explain the competition in terms of professionalization. But competition certainly exists

even between different departments within one discipline although this can still be a manifestation of professionalization e.g. the supplies staff or personnel department will attempt to claim particular expertise or jurisdiction that is not always surrendered to them. However, this still raises the question of how professionalization has found such a response in a field of activity that is traditionally thought of as vocational and existing for the good of others rather than the benefit of the staff. Is it not supposed to be a team affair?

Strauss, et al (1963) have described hospitals as a 'professionalized locale' where personnel are bound together by a 'symbolic cement', a "single, vaguely ambiguous goal.....to return patients to the outside world in better shape". They say that this 'public flag' provides a generalized mandate for the staff so that all may work together, and is neither openly challenged or subordinated to any other goals. However it hides considerable differences of purpose and is used to justify any activities that come under attack. "In short, although personnel may disagree to the point of apoplexy about how to implement patients' getting better, they do share the common institutional value".

Anyone familiar with the health service will recognize the accuracy of the description, but still there remains the problem of why this is so.

Another part answer can be given. The technology of medicine is complicated and reserved to a comparatively few practitioners i.e. doctors, archetypical professional persons. The model of the doctors - encouraged by their high status - has created the desire to emulate them within the ranks of other health personnel. Also the technology they themselves practice is complicated and needs years of training to perform properly. This is only a partial answer because an alternative result could be increased inter-reliance and cohesion.

Sayles (1964) in his description of industrial settings helps us toward a fuller understanding of the processes. He started from the point of challenging many of the established formal rules about the behaviour of managers saying that they did not behave in the way described by most theorists, and trying to (a) explain how they really spent their time, and (b) explain why they did so.

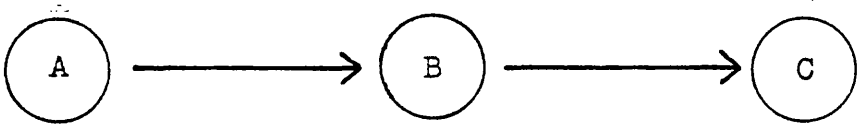
The critical elements in a managers job, for Sayles, are the continuity, regularity and periodicity of work processes, not dealing with individuals' behaviour. He describes the 'second industrial revolution' as the realization that "the organization is networks or patterns of sequential work operations" linking production stages and the various personnel employees and their supervisor. Enterprises consist of sequences of operations in regular and predetermined patterns, they are therefore systems. And the supervisors' main task is maintaining the process and sequence by co-ordinating and integrating. Consequently Sayles rejects most of the traditional descriptions of managers' roles because they are too individualistic."The individual manager does not have a clearly bounded job with neatly defined authorities and responsibilities. Rather, he is placed in the middle of a system of relationships, out of which he must fashion an organization that will accomplish his objectives".

Sayles develops his theme and looks at many of the inadequacies of popular myths about managers, but the main point is the concept of the manager as an individual caught up in a multiplicity of relationships with the main task of ensuring that the processes

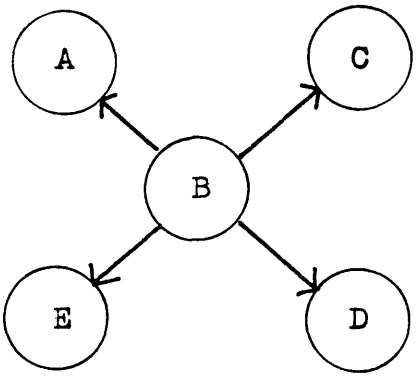
comprising the enterprise are maintained. His task is therefore dynamic and unpredictable. The three main aspects of that task will be acting as leader to his subordinate group, monitoring of their work processes, and most importantly, engaging in external work flows. It is this last feature which is relevant in this context, and Sayles isolates seven different types of relationship:

1. Work flow relations
2. Trading relations
3. Service relations
4. Advisory relations
5. Auditing relations
6. Stabilization relations
7. Innovation relations

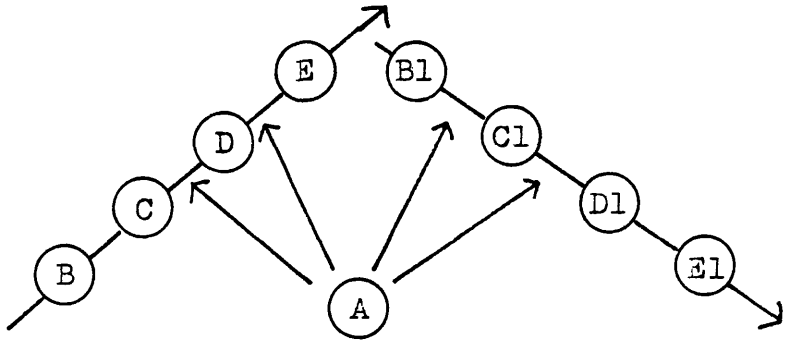
A work flow relationship consists of a process in which department A must feed its product to B which in turn feeds C. C is dependant on B which in turn is dependant on A.



In a service relationship department B provides a service e.g. maintenance of machinery to other departments but is not in a sequential relationship to them.



Typically the advisory relationship is described as a 'staff relationship', although the lines between providing specialist information, giving and advice and decision making are, in practice, far far from clear and open to much misinterpretation. In the auditing relationship things are taken a stage further and department A monitors what other departments are doing to ensure that improved standards or policies are being fulfilled:



The stabilizing relationship exists where approval must be given to a department before it can take further action or initiate its own processes. It is a device of control to ensure that managers and departments do not say the wrong thing or take the wrong action. Sayles displays how organizations can so develop these systems that a whole series of non-monetory costs can be used to damp down action e.g. delay times, difficulties in obtaining non-standard stores items, etc. The role of the supplies department at UHW, as described earlier, can be seen as in a stabilizing relationship to other departments during a time of serious economic crisis. Using Sayles' nomenclature I think one could say that a major problem in the reorganized NHS is that the process of 'monitoring', which is so central in the Reorganization literature describing relationships between the various tiers, has in practice been one of 'stabilization'. As a result decision making has crept up and up the organization and response times have been correspondingly slow.

The seventh type of relationship is the trading relationship which is a different type of description from the other six. By it Sayles is referring to the process by which the preceding relationships are

established. Straightforward monetary transactions would rarely figure in this process but there will be many non-monetary trade-offs, negotiations and favours (see Downs' Law of Non-monetary Pricing in Castles et al, 1971). "As the boundaries of organizations become less fixed, we can predict that the trading relationship will become increasingly crucial".

Sayles' observations lead him to the conclusion that there are predictable movements in the relationships of departments because managers try to change relationships of their departments with other departments. Some of the relationships make a department vulnerable to external forces and therefore the manager will find it difficult to control processes. Others are less vulnerable and in this sense are more powerful. The typical strategies are all aimed to move from service relationships to advisory, to auditing, to stabilization. Tactics and variations are described by Sayles, and his model can certainly be used to predict and interpret patterns in the organization I have been studying.

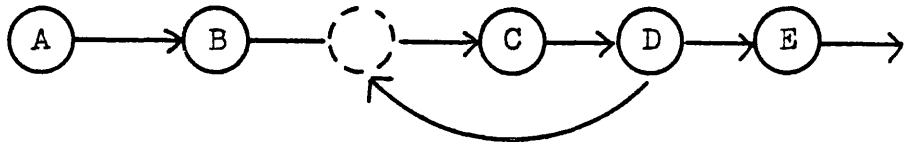
Before Reorganization the main 'staff' functions within NHS administration were personnel, supplies and planning. Usually they were small departments

and represented a possible step in an administrator's career. For various reasons these functions were promoted at Reorganization, e.g. the managers became second-in-line officers on scales higher than 'line' managers (the sector administrators) and the numbers of staff employed grew. This should have improved the service available to administrators and departmental heads, but it has not happened. Instead the departments became advisory with formal responsibility for 'monitoring' so that procedures in the new larger Area were regularized. But some administrators did not seek advice so these new departments needed to start auditing what was going on, and before long nothing could be undertaken without first referring it to them - stabilization. It was obvious that such highly graded managers would move in this direction. To be 'on tap' to give a service or advice is to be vulnerable to all sorts of problems, to stabilize gives a measure of predictability. These officers merely used their senior status to ease the task of managing their part of the webs of relationships called Area Health Authorities, and they were near the centre of power in new as yet unstructured roles. The irony is that operational managers are now faced with these large impressive departments - ostensibly created to develop expertise in their specialized discipline - but often it is almost impossible to get any service or advice from them. Instead they became a source of demands on them, initiating ever more forms, committees, audits and problems.

The same sort of interpretation could be made of the history of administration itself in the NHS. The provider of administrative and secretarial support has long since been replaced by the auditor and stabilizer. Similarly, pharmacists have shifted ground from dispensers of drugs, to auditors of the way drugs are prescribed.

Sayles also interprets the phenomenon of 'professionalization' using his basic model. A professional is typically an expert who can limit initiations to himself but can be assured of a desirable response when he initiates a decision or request. Professionalization is a process of making oneself less vulnerable to unpredictable forces. This is rife in the NHS. Catering staff, domestic staff, laboratory technicians, physiotherapists, and many other groups are all looking for senior managers from within their own discipline as opposed to administrators, nurses, or doctors. They seek the right of self determinacy, "a voice at Area" to take part in policy making, and recognition as equals vis-a-vis other groups.

A third strategy Sayles describes is an attempted change in a departments' position in a process from a later stage to an earlier one, e.g. in the diagram department D tries to move to a position between B and C:



An example of this from the medical field might be the way geriatricians are trying to become involved in the treatment of acute geriatric patients at the immediate post-operative - or even pre-operative - stage. This is for the good reason that surgeons have traditionally tried to transfer their post-operative patients to geriatricians in order to free acute beds. If the geriatrician knows nothing about the patient's hospitalization until this stage it is very difficult for him to manage his own case-load and beds. Hence the desire for earlier involvement.

It is clear that Sayles' concept of organizational dynamics is one of constant renegotiation of position in order to reach a less vulnerable niche -

although I do not think he actually uses the term. This is directly comparable with the behaviour of whole enterprises in their environments, and with organisms in ecosystems. It is the competition to find a position in a dynamic environment where the resources (or energy) can be exploited and existence be maintained with the least risk from others. And safeguarding the niche is another name perhaps, for boundary management.

Two examples of interdepartmental negotiating have come to my notice recently. In the first a new manager was recruited to run the 'Patients Services Department', which also provided secretariat services in the headquarters to the extent that the name was virtually a misnomer. The new manager arrived and tried to develop the patients services side and experienced considerable frustration trying to stake a claim in the activities being carried out by other departments.

In the second case the new Area Personnel Officer is strongly committed to decentralization of the personnel function to line managers. Yet because of the relative inexperience of the new staff he has working for him the trend to decentralization has been reversed by them in order to reduce their own uncertainty.

Interpersonal relationships.

There are an enormous number of published works on the subject of interpersonal relationships; and they are the core subject of several disciplines and professions. Yet, as Bennis et al (1973) comment, notwithstanding their central position "the scientific study of interpersonal relations lags woefully behind the other areas of social research". Similarly Mangham (1978) concludes "In my estimation both approaches (systems and humanistic) neglect that which ought to be the central concern of practitioners in Organization Development, interaction. We know precious little about the process of forming relationships and probably substantially less about the process of changing relationships within organizations".

A major difficulty is that the term 'interpersonal relations' can imply so many meanings. The commonest implication is that we are dealing with the way people behave in groups, and from that starting point has developed a search for universalities -

and training packages to harness the research findings. Another common implication is that we are dealing with individuals and their difficulties in forming and maintaining 'healthy' relationships - this is the clinical end of the literature including psychoanalytical theory (objects relating and individual development), and transactional analysis, but also those writers dealing with the quality of relationships from an existential or humanistic psychology viewpoint.

My interest, however, is fairly specific. We know that people fill a number of different roles in their networks of relationships. These roles are broadly defined by the social setting. There will be some aspects of behaviour forbidden to a particular role, and other aspects which are expected. These aspects give the general definition, and there may be considerable cultural variations in this respect. But most roles leave considerable scope for individual variation, and it is the individual's choice of how to play the role which gives our social life its texture and colour. Within organizations roles are only broadly defined (despite elaborate and frequently meaningless formal job or role descriptions) and I want to know how and why a person decides to play the role(s) he is given. And for me this question is not adequately handled in the literature.

Much of the literature suggests that individuals do not display much variation in their choice of interpersonal styles. Leary (1966) for example, isolates two principles underlying interpersonal relationships. The first is the "principle of self determination". This is a "process by which one tends to create or recreate one's interpersonal world along routinized channels". In other words the subject causes - albeit unconsciously - the type of relationship that ensues. Secondly, there is the "principle of reciprocal interpersonal relations". By this Leary is referring to a "probability tendency for subjects to pull from others interpersonal responses which tend to a repetition of the subject's own favoured interpersonal security operations". The psychanalytic approach also relies on the tendency of individuals to use a limited variety of interpersonal strategies and points to the fact that the individual uses characteristic responses because of powerful shaping relationships early in the individuals experience.

Now whereas I would not wish to argue that individuals do not demonstrate characteristic modes of behaviour I would argue the average individual is not so stereotyped as some of the literature suggests. Leary's second principle is put forward to show how individuals can elicit responses from other people that reinforce the subject's initial approach; but it also demonstrates the importance of other people in shaping behaviour. They do not automatically become conditioned because they too are positively trying to influence the subject. They will only accept the subject's approach if it is rewarding for them to do so; often the examples of successful manipulators show them to be adopting pathological weak positions, or strong positions based on their already ascribed power as parent or boss. In the former case the other actors will probably not compete for such a role, and in the latter they will be unable to compete. Laing's description of the way families can introduce schizophrenia in a scapegoat member supports my thesis that other people shape the extent to which individuals can choose their style of role play. The adoption of interpersonal style

is therefore a competitive process, and the fact that some people have a limited number of strategies that they have previously found effective, and that some people are very skilled at manipulating others, does not alter the importance of negotiation in the way roles are played out.

The questions still remain as to why there is this negotiation, and how it is carried out. Zaleznik and Moment (1964) note that people do tend to play out situations again and again, and suggest that this repetition is due to a transference reaction of earlier relationships, specifically those with other members of the subject's family. There are three broad types of organizational relationship: authority, subordinacy and equality. Where a person finds himself in a position of authority the experiences of childhood will affect the behaviour he adopts e.g. unresolved oedipal complexes may render him unwilling to delegate to subordinates in case they overthrow him. They give four prototype patterns of authority and the likely responses:

(i). Paternal-assertive. The superordinate is aggressive and dominant; he initiates interactions; he avoids tender feelings, although he may be concerned with the advancement and rewards of his subordinates. The subordinates experience fear (reflecting their earlier oedipal fear of castration), and this is the characteristic affect.

(ii). Maternal-expressive. Here the subordinate avoids aggression and bases his relationship with subordinates on passivity and nurture. His power is the threat of withdrawing affection. Subordinates will experience anger and depression when they fear they are getting insufficient attention. The relationship is based on the actors' oral stage experiences of giving and getting, nurturing and being nurtured. The main affect is love.

(iii). Fraternal-passive. In this case the differentiation and evalaluation implied in work situations is denied in favour of equality, but the 'groupiness' therefore

leads to low motivation to work. A totem father-figure object may be invoked to bind the group, and the leader relies on permissiveness and sharing responsibility. Friendship is the characteristic affect.

(iv). Rational-procedural. It is not clear how this model ties in with earlier family life and Zaleznik and Moment fail to provide any explanation. Rather, it is a logical alternative role and may relate to family situations where the normal roles have not been in evidence. The relationship is devoid of affect and the superordinate invokes impersonal authority. He tries to encourage involvement in the organization's purpose and procedures. He is the bureaucratic ideal, but fails to devlop creative activity in his subordinates.

As a subordinate there are, according to Zaleznik and Moment, three significant area of psychological conflict: rivalry for power; struggle for autonomy and control; establishment of patterns of gratification without excessive dependency. These issues need to be worked out throughout life, first with parents,

then with teachers, and later still with bosses. Again they posit prototypical figures i.e. the rebel, the slave, and the responsible individual (the last perhaps making a play for the oldest brother role to control peers by being the boss's ally).

The early struggles between siblings are reenacted with our peers. The initial feelings of hate and rivalry for siblings because the parents' love is seen as finite become transformed into love and devotion as there is increased identification with the parents. In organizations this will be seen as a desire for strict equality in the treatment of age peers. But this prevents them establishing their inique identities. As well as egalitarianism other specific roles can develop e.g. the scapegoat, the clown, the helper, and the hero.

These descriptions are amongst the most thorough attempts I have found to explain the phenomena of superordinacy and subordinacy. The points I would like to draw out are that in relationships between peers or between hierarchical levels there is a process, based upon earlier experiences of the dynamic situation

in homes consisting of parent figures and new and/or growing siblings. Individuals therefore have models to draw on and their choice of models is probably restricted by their particular experience. But, there are a range of possible prototypes and the other actors also bring their particular experiences to the organizational situation so that there is nothing fixed about the way a subject can behave. He will have to accommodate others, and the roles must be negotiated.

This is seen clearly in a study also involving Zaleznik and published a year after the one just referred to. This study was of particular interest because it too related to a hospital situation (Hodgson, Levinson and Zaleznik, 1965). The research was not carried out on a consultancy basis, it was purely an in-depth research study of a mental hospital referred to as the "Memorial Psychiatric Institute". The hospital is described as having three goals (1) training professional workers (2) developing knowledge of mental illness, and (3) applying this knowledge to help sick people get well. This is the authors' order of priority, and they observe that the last one often became covered up by a "ferment of misunderstanding". In particular the researchers were concentrating on

the role of three men, the three most senior executives in the Institute. All three were doctors and had a mixed responsibility for teaching and therapy as well as holding the posts of Superintendent, Clinical Director, and Assistant Superintendent. They are given the names of 'Suprin', 'Cadman' and 'Asche' respectively. Each of them is analysed according to other peoples' perceptions of them and their own self-perceptions in each of the three roles of teacher, therapist and executive. The authors also emphasize that each of the three could have had a good living from working independently, but each had chosen to hold down the jobs they were in.

Their nicknames in the Institute were 'Ferocious Frank", "Paul the Doll" and "Hi Guys", and these names characterize them well. Suprin is described as a go-getter, efficiency type very much concerned with external relationships in Washington, etc, and with boundary activities generally. Cadman is easy going, well liked and has an engaging personality. Asche is very easy going and research orientated. In fact, these three descriptions are a caricature, or a reification of the subjects' behaviour patterns. The authors then describe in some detail how difficult

the subjects found it to break out of the roles they found themselves in. Suprin had only recently been appointed and both the other two had been contenders for the post, yet they still stayed on when another was successful. Cadman had had a reputation as a 'hard-nosed' type himself, but as the three executives accommodated one another into their own career and personality developments his role had changed, or the way he played his role. What the authors describe is a series of transactions as each of the subjects developed roles consistant with their own perceptions and those of others. And of particular significance was the fact that they developed complementary roles, or what is described as a "constellation".

The various roles adopted are a result of the interplay between one's persona (the mask one presents as the person one perceives oneself to be) and the ascribed role. It is noted that the individuals concerned felt themselves pressured to do things they did not want to do. Thus Suprin preferred teaching and research but felt he had to spend his time meeting outsiders. They explore also the way people are judged

by the reification of their role. Suprin believed that Cadman was unwilling to take decisions, so that whenever the latter asked him for advice Suprin perceived it as Cadman asking him to do the tough jobs. This makes it difficult for the individual to entirely shape his own role, although on the assumption that people interact with the people they get on with best - they create potentially rewarding situations - the authors conclude that the process is "proactive rather than reactive".

In reflecting on their observations Hodgson et al note first that when he first joins an organization a young adult enters "a social system in which issues of dependancy,authority and power are probably clearer, stronger, and more persistent than anywhere except his family. His experience as a new member of the purposive organization has many of the qualities of his adolescent struggles with the authority structure in his family". As he advances up the hierarchy of power and authority he is probably having to come to terms with superordinacy as a father as well as in the organization. He can draw on his familial experience and they suggest three archetypical types: the paternal-assertive; the maternal-nurturant; and the fraternal-permissive.

The latter is the behaviour learnt from siblings or uncles and adult friends who could be casual because they took no responsibility for him. As in the earlier work they also posit a rational-bureaucratic model, but give no rationale.

From the individual's choice they go on to suggest that the role structure of executive groups will vary along a continuum "from the highly specialized, differentiated and complementary systems we have called constellations, to loosely structured aggregates of unspecialized, undifferentiated roles". Then they consider the various alternatives, in particular stable 'diads' consisting of a permutation of any of the three archetypes, and the 'most intrinsically unstable', the triad. Their suggestion is that constellations will be more likely to cover the various important functions than will any one person's style.

The model proposed by these authors could be criticized in a number of respects. The major difficulty with it - as with all that seek to explain adult behaviour in terms of childhood experience - is that everyone's significant objects and relations are

so idiosyncratic that applicability to actual situations is very limited. It also leaves questions unanswered such as whether there can be more than one of the archetypical figures in a constellation.

I would like to re-analyse the "Memorial Psychiatric Institute" and link it with the work of Bion (1951). Summing up Bion states his case:

> "Any group of individuals met together for work shows work-group activity, that is, mental functioning designed to further the task in hand. Investigation shows that these aims are sometimes hindered, occasionally furthered by emotional drives of obscure origin. A certain cohesion is given to these anomalous mental activities if it is assumed that emotionally the group acts as if it had certain basic assumptions about its aims. These basic assumptions, which appear to be fairly adequately adumbrated by three formulations, dependence, pairing and fighting or flight, are, on further investigation, seen to displace each other, as if in response to some inexplained impulse".

It seems to me that there are similarities, or at least 'resonances' between this description and those of Hodgson and Zaleznik. In each case there are three basic forms:

Bion	Zaleznik	Hodgson
Dependence	Maternal-expressive	Cadman
Pairing	Fraternal-passive	Asche
Fighting or flight	Paternal-assertive	Suprin

One form is described by terms such as maternal, nurturing, dependence, attachement (following Bowlby), succouring. The second is paternal, thrusting, aggressive, phallic. The third is sexual, it is about reproduction, pairing, creativity.

Could it be that in any particular situation elements of these three basic modes are necessary to the activity being undertaken? Therefore there will be an underlying tendency to encourage certain types of appropriate behaviour. However, because of individual idiosyncracies (personality) the actors' interpretation of what is appropriate may be more or less accurate i.e. some will tend to be nurturing,

some thrusting and activity centred, some creative. This will have its effect on the situation, which will lead to further definition of what is tried by the actors concerned. The energies of the group concerned will be directed into niche negotiation and activity which is more or less appropriate to circumstances, i.e. behaviour which is to do with defence/attack, nurturing, or creativity.

The 'maleness' and 'femaleness' of these modes are not necessarily tied to actors' gender. That which we call maleness and femaleness will broadly equate to the behaviour statistically normal in our society, and to a large extent this relates to biological function. Mead (1963), however, has described New Guineau tribes in which variously both sexes were maternal or nurturing, in which both were warlike and aggressive, or in which females were back slapping and co-operative and males were coquettish and unable to work well in groups. Our own society too is showing a break up of sex stereotypes. My 'modes' are asexual, and in theory are open for anyone to adopt at any time - but governed by negotiation with others because roles are only meaningful in group situations.

The idea of 'male' and 'female' modes of behaviour in these terms may also throw light on other organizational phenomena. The basic questions "what are doctors for?" and "what are nurses for?" lead to many problems when we consider what they do in practice as opposed to what they are supposed to do in theory. Why are there doctors and nurses? What is their essential difference? Why do the increasingly sophisticated nursing techniques not lead to the merging of the professions?

Traditionally doctors have been responsible for diagnosing, deciding treatment, and performing treatments (injections, surgery, psychoanalysis, etc). Nurses have catered for the patients' overall wellbeing. But the behaviour of doctors in hospices, for example, and nurses in intensive care units suggests a switch of role, and there is considerable role confusion and debate at present about how the two professions should share their work.

A patient's career has two distinct phases, in one he is looked after, in the other he is 'treated' - perhaps violently. There may be a long initial

caring period before an operation, or no warning at all. Afterwards there will be another period of caring. In some cases there is no 'acute' stage. In other words, one phase is marked by 'nurturing', the other by 'action' - two of our previous modes.

Traditionally, too, doctors have been male and nurses female. Two world wars provided a great many spinsters to wed themselves to the men in white coats. In place of their own families they nurtured dependent patients and accepted the handmaiden role. More recently this has changed and there are many more nurses with families unprepared to work the hours they once did, with better educations unprepared to do only routine tasks, with an awareness of sex stereotyping and unprepared to accept it. There are also more males in nursing - and more females in medicine. The sexual distinctions between the professions are less real.

The time has come perhaps to consider not males/doctors and females/nurses, but one profession that recognizes that some of its members prefer to provide care, succour and support, whilst others

prefer to take decisive action, cutting and prescribing on behalf of acquiescent others. Some of the interprofessional bickering may disappear, and patients might actually begin to regain some of the personal care and attention they once enjoyed.

Returning to less speculative matters the concept of individuals negotiating for behavioural niches has considerable significance for the Re-organized NHS because of the importance given to team or consensus management. The architects of the Re-organization were clearly faced with great difficulties when considering who should wield final power in the structures they were designing. In the earliest days of the 18th and 19th centuries the stewards, doctors and chaplains had been the most important dignitaries, but with the rise of medical technology the role of the medical profession rose to supremacy. There was a short period of ascendancy for the nurses when a number of middle class ladies became nurses and doctors were still not part of polite society, but until the 1950's most hospitals were governed by a medical superintendent (see Abel Smith 1964). The medical profession

however, dislikes control even by its own members, so as specialities grew more differentiated they chafed at having a superintendent and the post was officially dropped in the late 1950's. This left a vacuum which coincided with a quickening national economy and the birth of a major programme of new building initiated in 1962 by the Minister of Health, Enoch Powell. It was in this situation that I believe the administrators began to seize the reins in earnest, and Hospital Management Committees became controlled, by and large, by a 'Group Secretary'. Meanwhile the largest group of staff, nurses, were becoming more organized, and the Salmon Report (1966) provided for one overall nurse in charge of all nurses in each Hospital Management Committee.

Local government was reorganized at the same time as the NHS and in the new local government structure a chief executive post was established. But who would or could fulfill such a role in the NHS? Doctors are the obvious answer, but hospital doctors had already rejected medical superintendents. General Practitioners were independent contractors and had no-one in charge of them. In local authorities

the Medical Officer of Health was primarily an epidemiologist and statistician. There is a pecking order within medicine with the broad features that clinicians dealing with live patients are top, then those dealing with less respectable client groups such as geriatrics, then those dealing with the dead - pathologists, and at the bottom come the 'failed clinicians' who deal in public health and administration. Clearly these last could not take charge, but nor could any other doctor. Just as clearly a nurse could not be in final charge because of their traditional subservient role to medicine, yet their taste for self management was growing. And the role of group secretaries had been resented by the other professions and it would be impossible to establish an administrator as Chief Executive.

In the operational situation health care delivery is increasingly interdependent, and the team approach is common. The Re-organization's architects therefore seized this example and introduced the concept of management teams at the regional, area and district tiers. There would be no 'boss' within the team, although the administrator was the convenor of meetings, and provided secretarial support. The administrator could also chair meetings of these teams but frequently members share this role.

Members of these teams have found themselves in a difficult situation for a variety of reasons. Firstly, because it is a novel situation quite at odds with the way most Western Europeans have been brought up. There is no boss yet certain members come from groups that have wielded power in the past (doctors and administrators) and must learn to come to terms with their peers. The 'nouveau riche' (nurses and treasurers) must accept corporate responsibility for their decisions. Each member has spent his or her working life as a subordinate, more or less to one superordinate, now the rules change. There is little experience of such relationships in childhood, school or marriage, and little or no formal acclimatisation or training available.

Secondly each member has a different type of power base. The nurse is top of a fairly strict hierarchical pyramid, as is the treasurer but with many less staff and no operational responsibilities. The administrator has a pyramid of administrators beneath him, but also many ancilliary and professional and technical staff who are not in a formal line relationship with him, and this is associated with the fact that

the administrator is involved in almost every aspect of the service. The doctor is in no formal relationship to any medical staff except a handful of community health specialists. General practitioners, consultants, and junior hospital staff are not subordinates, and many abhor any suggestion that the medical officer has any responsibility for them. If, as in the area I studied, there are also part time team members things are even more complicated. There are a consultant and a general practitioner who are elected by their colleagues for limited periods of office, and a non-medical representative of the school of medicine. How can individual members take corporate responsibility when some cannot guarantee being able to implement decisions within their own disciplines, or may not even have any responsibility for implementing decisions?

Thirdly, there is confusion about where an officers' responsibilities end and where his team membership begins. Because there is so much sensitivity about roles there is a tendency to bring every kind of trivial detail to team meetings, partly because if the individual makes a mistake it may compromise the team, and partly because of genuine fears about

disturbing harmony by overstepping one's authority. Similarly there is a reluctance for any two or three members to resolve a problem without involving the whole team. Hence subordinates complain bitterly that teams become too involved in day to day matters and that decisions are slowed down because their bosses refer everything to the team. This tendency to suck decisions upwards has had very deleterious effects in the Re-organized service, and I would describe it as 'parasitical management' because it lives on middle managers and leaves them frustrated and impotent. (I have examined some further consequences of team/consensus management to the organizations processes in Appendix III).

Fourthly, there is tremendous pressure on teams to overcome the earlier three difficulties because the only higher authorities teams can turn to are unacceptable to them, and the very referring of an unresolved issue to them is a mark of failure. (Resulting naturally in the avoidance of such issues or the shelving of them, thereby slowing down their ultimate resolution). Thus, in a multi-district area a district management team need to refer a problem to the area team of officers. An area team would need to get the regional team involved, or alternatively involve the lay members of the area health authority.

The difficulties described above would refer also to other multi-disciplinary teams with executive responsibilities, the most notable non-statutory one being sector teams i.e. the administrator, nursing officer and other staff of a large hospital or group of hospitals.

How does our ecological model relate to these situations? Clearly at the root of the difficulties team members face is competition between competing disciplines. The need for team work and emphasis on corporate responsibility highlight the fact that the 'teams' are (at least potentially, and often in practice) a mass of competition and tension. In one case - Solihull - an area team destroyed itself by internal strife. It could have been anywhere. To exist as a team individuals must negotiate and achieve styles of behaviour acceptable to their peers within tolerable limits. This negotiation must be multilateral so no one member, unless very skilled, can merely pull his normal patterns from his repetoire and dictate the pattern of roles. Eventually they must reach an equilibrium.

Then comes the question, what happens if there is a change of personnel? None of the remaining members is involved in selecting the newcomer. Their position

is reminiscent of siblings who suddenly have a new sibling thrust upon them and must accommodate a new rival in their scheme of things. There will be certain structural consistencies in the role the new member takes on i.e. a new medical officer still has no formal responsibility over clinicians, a new nursing officer is still head of nursing services, etc. But how they play the role is presumably open to as wide a variety of interpretations as there are types of personality. Or is it? They will come to a situation where the other members have already reached a previously negotiated constellation and may feel very reluctant to change. The 'niche' left to the newcomer will therefore be quite tightly prescribed and changing it will require changing the balance of power throughout the constellation. However, if the newcomer is of a strong enough personality to resist the tendency to equilibrium, or is unable to play the part, then it is the others who will be forced to respond and a period of realignment will occur. Just as in the Hodgson et al study where Cadman's earlier image of a 'hard-nosed' type changed after Suprin's arrival. Such a realignment was observable in the area I studied when there was a change of Area Nursing Officer. I believe it will be an important feature of the NHS

as long as there is team management, and will be even more significant a phenomena than it is in any other organizational situation where changes of staff occur because of the teams corporate equality and the pressures on them to co-operate. I certainly think that training in group behaviour and team work is essential if staff are to be equipped for such roles, and if we wish to improve the performance of teams. The system is too novel and too potentially destructive to rely on members simply behaving 'professionally'.

Finally, it is clear that any OD venture will need to involve not just the head of any one discipline, but the rest of the management team because it is not just subordinates who are shaping his or her role.

I have tried to demonstrate in this chapter that organizational change at any level is about competition. Competition not necessarily to defeat opponents, but to negotiate 'niches' which are relatively stable and which can be defended against undue disturbance from the environment.

The model gives a tool for analysing the significant factors in ongoing situations and for planning change. It also explains why there is so much "dysfunctional energy expended in inappropriate competition" within organizational settings, even where wider goals are shared by competitors. I have also tried to demonstrate how some aspects of behaviour in the NHS can be interpreted by the model, and the relevance of the model for some current features of the organizational structure. Indeed it could be argued that in the NHS the negotiating process has been channelling energy into niche finding instead of into work, and team building exercises will exacerbate rather than ameliorate the situation. Teams could be becoming more interested in lengthy agendas than in useful work.

CHAPTER 16

CONSULTING FROM THE INSIDE.

In this final chapter I wish to make a few comments about the role of the internal consultant. This begs at least one important question: what do we mean by the 'consultant' role, and how will it differ from the role of action researcher, OD practitioner, renewal stimulator, catalyst, charge agent, fixer, or whatever?

The question can be tackled at several levels, and rather than rework old arguments I will try to define the consultant role as I try to play it. I mean an attempt to understand an organizational situation in terms of the major psycho-sociological factors and technico-economic constraints. This requires both a reasonably broad range of theoretical frameworks gained by familiarity with the relevant disciplines, and a readiness to understand the situation as described by the actors involved. This latter is essential because the consultant differs from the researcher by going a step further, and engaging with those actors in changing the situation so that there is a felt improved congruence between situational demands and prevailing structures and activity.

All that begs further questions but I will not develop the definition, other than to reiterate the twin elements of the consultant's need to possess knowledge and expertise, and the client's need to generate his own solutions and not to be given prepacked ones. Nor will I develop all the problems of consultant-client relationships, or even define the client. Instead I want to mobilise the consultant's one defence and ask "what did the 'client' do to me?".

Most of the OD literature has been written by consultants working in universities who occasionally sally forth, or by members of firms providing consulting services. Very little mention is made of the internal consultant. The Lippitts (1977) have listed the different problems experienced by internal and external consultants, and the essence of their paper is that:

> "The internal consultant frequently faces the dilemma of achieving credibility while the external consultant is more likely to be coping with dilemmas of gaining entry into the system".

Klein (1976) has also devoted an autobiographical book to the subject, and her experiences were very familiar when I read them. Klein describes how she spent a number of years working in Esso trying to relate the social sciences to problems within the organization. It was not an altogether successful period, much of her time being devoted to defending and defining her role within the organization. She had to contend with changes of managers and varying 'political' environments - and in the end the role disappeared.

Most of the advantages and disadvantages described in the literature, as described by the Lippitts for example, are treated as marginal factors, or 'swings and roundabouts' factors. Klein's experience questions the very concept of an internal 'consultant', although she ends her book optimistically.

The model of organizational life I have described is of individuals entering organizations and establishing and protecting life spaces. They do this because they require rewards from the organization (basically money, but with secondary pay-offs) and they wish to establish what these rewards will be, and what they are prepared to do to gain them. A considerable amount of energy goes into this ceaseless negotiation.

A consultant cannot fail to get caught up in this process for two reasons. Firstly, as we described in the chapter on the ecological model, our behaviour is to an extent influenced by the behaviour of others. The consultant's role is a potentially powerful one, and it will become the focus of other people's claims. Klein describes how she came to the conclusion that " 'This must not be in Personnel', while Personnel would not permit it to be anywhere else, and the board would not look anywhere except to Personnel for advice". In my case I was the focus for competition from other staff in the organization with behavioural science backgrounds, from the training officer, and from the management services officer. If the consultant becomes too caught up in such a political arena he is no longer neutral. And if he picks up 'protectors' he loses independence also.

The second reason why the consultant cannot fail to get too involved in the structure is because of the reward system, especially in public service enterprises with closely prescribed rules on salaries, etc. Most people in enterprises are paid more as they climb up the hierarchy, and hierarchical office means a steadily increasing responsibility over a

widening range of departments. Also they become involved increasingly in administrative activity, even if they start off as technicians, architects, scientists or whatever.

If a consultant wishes to follow this path he will be increasingly unable to engage in research and actual consultancy. The consultant will need to receive a salary and sufficient freedom over his time and activities to 'reward' him adequately, but this will generally mean a junior position in the hierarchy. In my case I discovered that I had considerable freedom to act in the fourth-in-line level of the organization, but the prospect of my moving to third-in-line attracted enquiry about my role and limited my independence. It is, in any case, asking much for an enterprise to pay a large salary and not expect to control one's activity.

So one is left with a comparatively low salary, and consequently a comparatively junior status. This can easily be a recipe for the consultant to become sour, and the greater contribution he feels he is making to the enterprise's success the more sour he will feel. He neither attracts the fees of

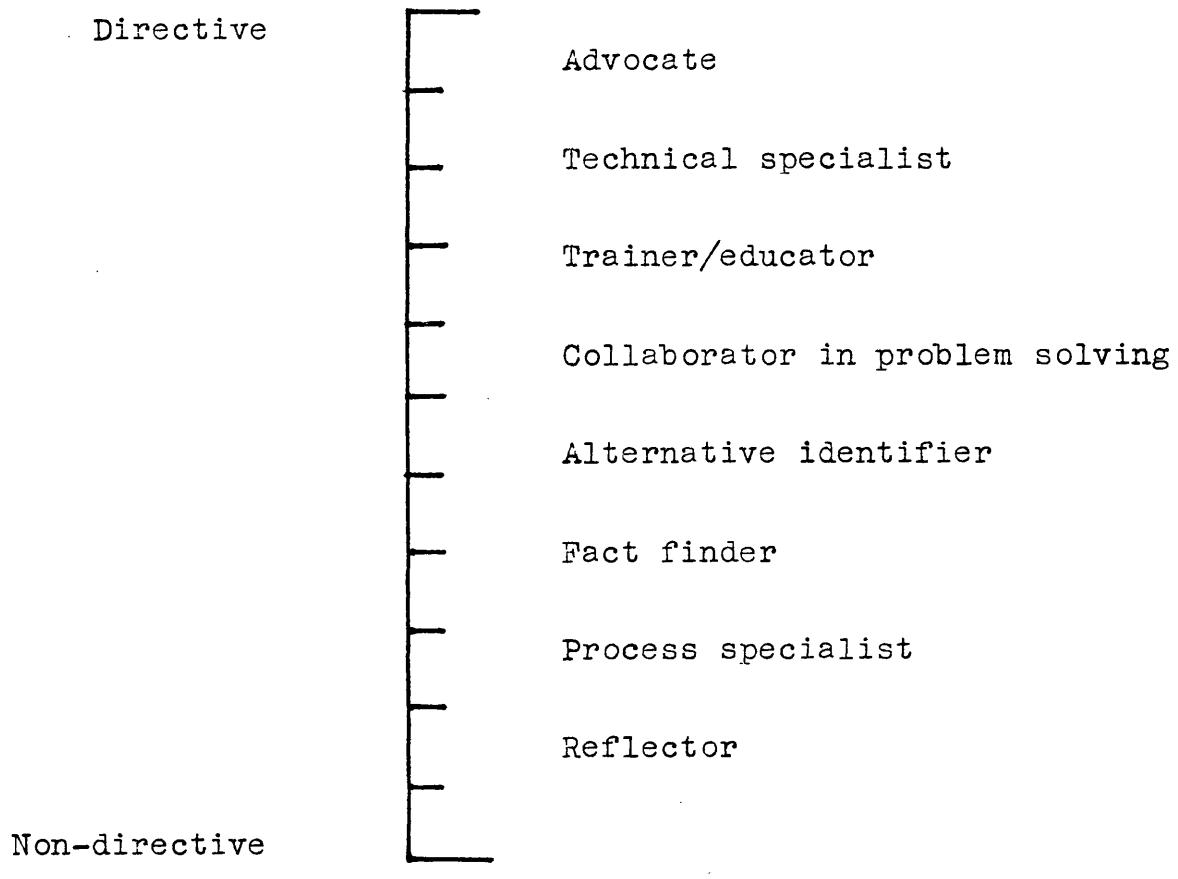
external consultants, nor can he think of promotion and retain his particular contribution. (And has he any right to obtain often private information if it is later used to help him in his own promotion struggles?)

The second consequence of junior status is that it is extremely difficult to influence the top echelons, and 'top down' principles are hard to carry out. Also higher echelons may be dealing with other consultants and one knows nothing about it - this happened to Klein and me. and raises the question of why one is being employed at all.

The third consequence is on techniques. Some are disturbing, even using silence to provoke comments from informants can be seen as unacceptable behaviour in subordinates. Exposure of behaviour patterns can be threatening, and because of the open nature of organizational systems work in any one department can lead to ripples higher up the enterprise. Clients or those they deal with can more easily squash the consultant's interventions the more junior he is. And there are ways of punishing those who tell unacceptable truth .

The fourth consequence of junior status is a limited control over the projects the consultant becomes involved with. The consultant may or may not feel that the problem is as it is stated, or that he is competent to get involved, but that does not stop the enterprise expecting him to get on and sort it out. And this raises all sorts of questions about the type of consultancy offered. The consultancy based on psycho-therapeutic practice is not just a matter of the consultant's preference.There are reasons for considering that this is the only real consultancy which will lead to clients sorting out their own problems. But it is one thing to say that, and another to 'walk away' if the client will not (or can not) adopt a proper role toward the relationship which involves him taking responsibility for his own 'development'.

Lippitt (1977) illustrates a spectrum of directive and non-directive roles (all of which he considers can be adopted by a 'consultant'):



It seems to me that the internal practitioner is more likely to become involved in directive rather than non-directive activities. On several occasions I was presented with a project in terms of "this is their last chance, if you can't sort it out they'll have to take what's coming". It is easy to persuade oneself that more directive activity is needed for the client's own good, and it is not easy to reject the 'fixer' role implied.

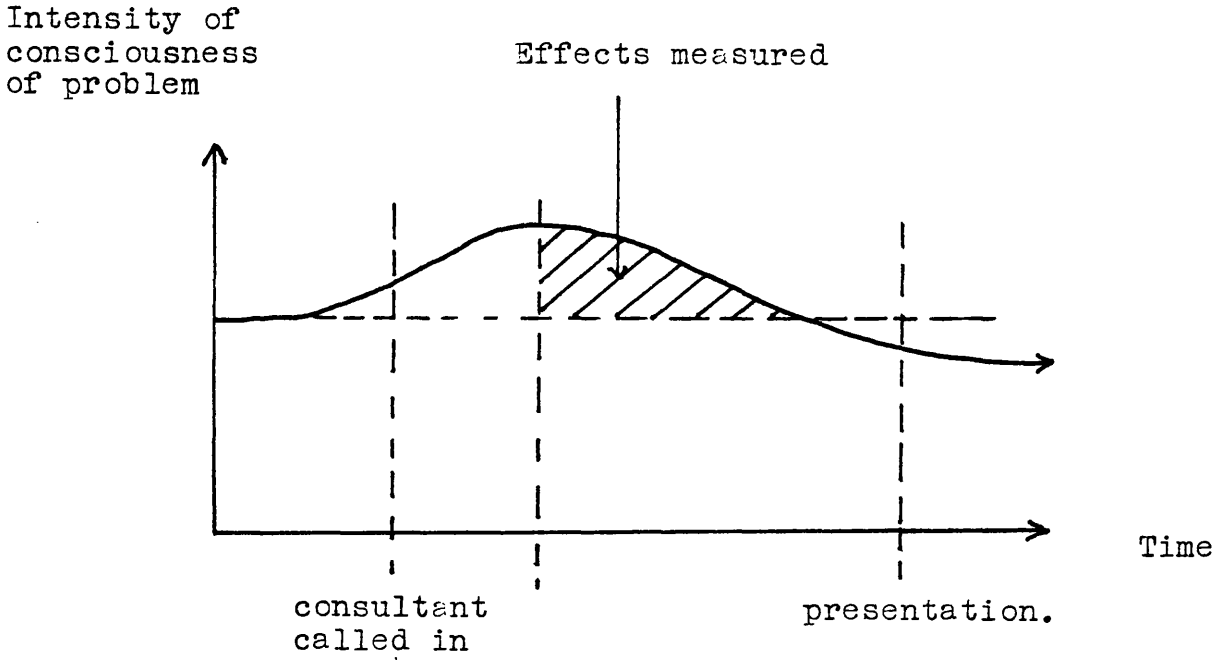
A fifth consequence of being an internal consultant is the likelihood of 'going native' if, as is likely, one has no similarly minded consultants to relate to. Also one can easily become 'burnt out' (Mitchell 1977). Mitchell gives several rules for helping the consultant to avoid this condition, but as he comments "For the internal consultant, the difficulty of coping may be greater than the external consultant, who has greater control of his or her time and can thus schedule 'personal time' without confronting organizational constraints". As a member of an enterprise it is difficult to take time off to attend workshops, seminars, conferences, etc, and even to get time to make field notes, prepare working papers or adequately reflect on what is happening.

The sixth consequence of being of junior status is that one is subject to pressures to disclose confidential information, some of which are subtle and others not so subtle. As soon as I joined the Area Personnel Department, for example, towards the end of the UHW study, I was asked for an account of what had happened at UHW. I wrote to the Area Personnel Officer, my new boss, and explained that much of it was confidential and without the clients' approval

I could not disclose it. Although he never challenged this stand I saw my memo in his office a few days later with the annotation, "Who does he think he's working for?" ! Similarly it is harder to retain anonymity in feedback and reports in the internal situation.

What does the organization expect when it takes on an internal consultant? It expects results in solving problems, results which can be identified in practice and described in reports. And how on earth is success in OD measured? And how can the consultant prove his intervention had any influence in events? Clients have a disconcerting habit of re-interpreting their old problems as the consequences of particular 'financial' situations, or 'settling down', or other explanations. Admittedly there is often euphoria near the beginning of some interventions, and gratifyingly improvements in relationships or activities. But can we categorically rule out a 'Hawthorn effect'? Even with the first case study presented in this thesis one could explain the improvement of one of the actor's behaviour as getting over her menopause. In the Area study it might be that my intervention merely pre-empted resistance which would have occurred if consultation had not taken place. The outcome of the intervention was, after all, only somewhat effective.

The following diagram illustrates what seemed to happen to me several times:



The consultant works with the client group and for one reason or another the problem becomes less problematic. Any report tends to be presented some time after the problem has regressed, and supportive data will refer to the project and post-project era. It is then difficult to'prove' the accuracy of such a presentation, particularly if it is assumed that the presenter is trying to demonstrate how effective he has been and must therefore be a little suspect. The expedient of leaving it to the clients to write reports is good in theory but they have a propensity for not doing it!

Who is going to assess the competence of the consultant's activities? Argyris in a seminar at Bath described a scheme devised in the USA to vet internal consultants'work by external 'names'. It was the consultants themselves who rejected the scheme, yet surely the enterprise is entitled to expect some way of measuring the effectiveness of any of its employees.

The one advantage that the internal consultant is normally reckoned to possess is his access to data and continuity of relationships. Walton (1969), and Davidson (1972), Klein, the Lippitts, and external consultants in conversations with me, have all referred to this. Certainly there were times when I was approached for assistance because I was known to staff, because I knew enough about situations not to require long introductory sessions, or because I was known to have practical managerial experience and was not just an'academic'.In a field where participant observation in its various guises is widely recommended this is a great benefit. It can be however, somewhat overstated. It is obvious that no-one can know about everything that is going on in a large organization. One is taken

off projects before one feels they are completed because of new 'priorities'. One is excluded from activities because of political reasons, and it is not easy to demand access to meetings of senior officers. Ignorance of what is happening can make one's interventions inappropriate, or at least leave the consultant feeling foolish.

There are also other disadvantages. The internal consultant soon loses his 'magical qualities'. This is a'good thing', but the magic is too often transferred to an external figure with a package to sell. Perhaps worse still is when the lone internal consultant is possessed of limited knowledge and techniques and applies them indiscriminately to inappropriate situations (see Dale and Payne 1977). Yet clearly one person will have limitations and needs to be wise enough to know when to advise different sorts of help.

The other big problem for the internal practitioner is the question of power. Hutton (1978) has commented that "the change agent in this is the person with power to act, and that's seldom the external practitioner". Although I have stressed the problems of the internal consultant's relatively junior status and consequent

impotence in some respects, nevertheless he does frequently have the opportunity to influence events by approaching levels higher than his clients. In view of his need to demonstrate results the use of this power is a real temptation. Needless to say the concept of a neutral consultant would soon evaporate if the temptation was indulged in.

Generally speaking I think the 'internal' role is too problematic to be successful over long periods of time. To some extent an 'internal' consultant can be 'external' to some branches of the enterprise for which he works, and this makes his role easier. But even in these cases there can be political problems and pressures because systems are open.

I have two main reasons for this conclusion, the first of which is to do with the reward systems. Goffman (1971) has written a paper with the subtitle "Some notes on the Vicissitudes of the Tinkering Trades", by which he means those services or professions offering a service with the following characteristics:

> "The type of social relationship I will consider in this paper is one where some persons (clients) place themselves in the hands of other persons (servers). Ideally, the client brings to this relationship respect for the server's technical competence and trust that he will use it ethically; he also brings gratitude and a fee. On the other side, the server brings: an esoteric and empirically effective competence, and a willingness to place it at the client's disposal; professional discretion; a voluntary circumspection, leading him to exhibit a disciplined unconcern with the client's other affairs or even (in the last analysis) with why the client should want the service in the first place; and, finally, an unservile civility. This, then, is the tinkering service".

The important concept in this quotation is "fee", which Goffman goes on to expand. He says that "traditionally a fee is anything other than what the service is worth". It sets a price on vital services which the client desperately needs but which does not exploit him. It also discourages idle requests for minor services (and for which in some instances, payment may be waived).

Because he is a salaried employee the internal consultant is unable to charge a fee which is so much a part of the social role of which he is a type. He is a 'free' service once the decision to pay him a salary has been taken. He has security of tenure under his contract, and in return is expected to perform. He can neither demonstrate the value of his contribution by a variable fee, nor can he control trivial demands on his time.

The second reason is because of the consultant's inevitable embroilment with the political competition within the system. Returning to the quotation above, the tinker is supposed "to exhibit a disciplined unconcern with the client's other affairs or even (in the last analysis) with why the client should want the service in the first place".

If the internal consultant is truly a member of an enterprises' staff he will presumably wish for a career and/or development of his role. In these circumstances he can hardly retain a 'disciplined unconcern'. The situation I was in at UHW was probably atypical in that I was dealing with very close colleagues, but it raised many potential problems with the individual clients:

> The Sector Administrator had been my boss, I was now a potential competitor coming to 'sort out problems' on his patch.
>
> The Deputy and I had both competed for the post he felt was his by age and seniority a few months earlier, we both knew it was my imminent departure to Bath which had ruled me out of taking the post.
>
> I had done the jobs of the supplies and patients services officers while they were both newcomers. They were threatened by the presence of a past post holder from whom they could hide very little.
>
> The administrator with an undefined role had been more friendly with me than any of the other administrators. Would I now exploit knowledge of her I had gained in this role?

In practice these and other problems proved less troublesome than I had feared. I insisted on discussing this openly and at some length with each individual in turn before the project began and I think this helped considerably. But although the problems can be overcome in some cases, this does not alter the extremely vulnerable

state such work must constantly be in because of the consultant's own political passage through the enterprise[1].

Are there ways these problems can be overcome? The alternative might be to adopt a joint approach, using an internal and external consultant as a team. As a development of this idea the consultant or social scientist could act as a 'gatekeeper', keeping in touch with a wide range of consultants and researchers, and introducing them to the enterprise as appropriate. At least this might co-ordinate the use of social science knowledge, instead of the wasteful haphazard approach experienced by both Klein and myself, where managers and external consultants are involving one another without referring to the internal resource.

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[1] Such a career will inevitably be in 'management'. Can a situation be envisaged where the staff organizations insist to management that an OD consultant of their choice be introduced, with the right and opportunity to pull managers off their jobs and interview them? Or even engage in intervention?

This gatekeeper/advisory role could be of considerable benefit to enterprises and practitioners, and I think it is best performed by a competent practitioner able himself to engage in appropriate projects alone or jointly.

The other possible arrangement would be to have fairly substantial secondments to enterprises by consultants and/or researchers. This would overcome some of the problems of access to data and initial sharing of subcultural values. It would also give the secondee greater control over his use of time and energies.

Klein noted that once she had decided to leave Esso "there was a quality of depth and freedom in the discussions which had not been there during the months of uncertainty about my position". She continues "I began to think that in the perennial arguments about whether it is better to be inside or outside an organization, the best way is to be inside, but either very new or on the way out!" In my own case I also found that my relationships became more consultant-like once I announced my decision to leave for a district personnel officer's post with another authority.

My own conclusion is that it is best to be 'out' as far as one's own reference group and reward provision is concerned. Secondment might resolve this dilemma. So also might some system of joint appointment between a research department or consultancy firm and an enterprise, but the mechanics of such an arrangement would be more problematic. The gatekeeper role would compromise, with an internal reward system, and an external reference group. By mixing with other practitioners the internal consultant might be able to retain a tinker's role similar to that characterised by Goffman. But I believe that in the final analysis the consultant must be able to refuse to start or continue a project where a satisfactory contract cannot be established or maintained and this means he must be able to command or reject a fee for his services.

APPENDIX I

SOME ORGANIZATIONAL RELATIONSHIPS AT UNIVERSITY HOSPITAL OF WALES.

It is not easy to define catagories of staff in UHW. At one time there had been a monthly 'Heads of Departments' meeting chaired by the sector administrator and this meeting grew slowly larger and larger. Several people from one department would arrive because each was a head of a sub-department or they were the senior representatives of more than one profession within the department, while others might have only one representative because there was a strong head who saw his/her status threatened if anyone else attended. On the nursing side it was difficult to know who was a 'head of department'. The divisional nursing officers were head of nursing, but senior nursing officers, nursing officers and even sisters could be described as 'head' of some sections. The result was that the meeting became too large to be useful. No real discussion could take place and the range of staff was too great to draw up agendas of interest to everybody.

Not long before I began my research therefore, the meeting had been split into two, the professional and technical staff go to one, and those that look to the sector administrator as their boss go to another (as well as some who were not easily classified in either group, e.g. the chaplain). It was in this latter group that much of the confusion occurred. In one way the sector administrator or one of his assistants was the head of such things as wardens, switchboard operations, post room staff, etc. Yet members of these departments were attending meetings. The full list of those attending this meeting were:

*Catering Manager

Communications Supervisor

Central Sterile Supplies Department Stores Manager

*Hospital Building Officer

*Hospital Engineer

Hospital Fire Officer

*Hospital Security Officer

*Housekeeping Administrator (Main Building)

*Housekeeper (Dental and Residences)

Sewing Room Supervisor

Linen Bank Supervisor

*Head Porter

*Manager Theatre Services Centre

*Senior Nursing Officer (Theatres)(manages Operating Department Technicians and Orderlies)

Head Gardener

(The ones whom I interviewed are indicated with an asterisk)

A second group of staff are those professional and technical departments involved in diagnosis and therapy.
These staff consist of those professions defined by statute as "Professions Supplementary to Medicine" (what used to be called "paramedicals" a term still used as verbal shorthand), plus a few others who are naturally more affilliated in peoples' minds with these than with "support service" departments. The official constitution of the professional/technical staff managers meeting is as follows, as before I interviewed those marked with an asterisk:

*Head Occupational Therapist
*Appliance Officer
*Chief Audiologist
Top Grade Biochemist
Chief Dietitian
*Principal Technician Pathology
Chief Medical Photographer
* Principal Social Worker
Group Head Orthoptist
*Principal Pharmacist
Principal Physicist (Electronics)
*Principal Physicist (Isotopes)
Senior Chief Technician, Cardiology
Chief E.E.G. Technician

*Superintendent Physiotherapist

*Superintendent Radiographer

* Principal Scientific Officer, Haematology

Group Head Remedial Gymnast

Head Speech Therapist

Chief Technician, Anaesthetics

Representative of the Principals of training schools in the Combined Training Institute

*Principal Psychologist

The pathology services are each professorial units (haematology, histology, biochemistry and bacteriology) which provide a service to the National Health Service. There is a considerable amount of feuding, tension and mistrust between the WNSM and the administration of South Glamorgan Area Health Authority over this relationship. As all the technicians are NHS staff working in departments run by professors the Principal Technician is caught up in two systems, as well as in the four sub-systems. Scientific officers are scientists working in laboratories but not qualified medical practitioners. They are separate from the technicians and although employed by the NHS one might expect that they tend to be more orientated to the research ideas of the departments than to the service side.

Another department consisting of scientists rather than doctors or technicians is the Medical Physics Department. Over the past few years it has shaken off medical oversight, and recently split into two parallel sections, electronics and isotopes. This latter move reflects the increasingly specialized technology involved. I was particularly interested about the highly trained aspect of the staff and the administrative difficulties associated with their management, and these scientists epitomise the situation. For example, the story goes(I suspect it is true but I cannot be certain) that when automatic car barriers were installed (to restrict parking) that needed a magnetic key to operate them, the medical physics staff simply manufactured their own!

Since the Seebohn Committee's report was implemented all social workers except the probation service have been brought under one umbrella and they are a local authority responsibility. On the whole, hospital social workers are not expected to be 'generic' in the way many of their colleagues are, although the distinction between psychiatric social workers and

medical social workers is now obscured. They were by and large hostile to being removed from the NHS to join social work departments, but received no support from the British Association of Social Workers so lost the struggle for independence even though the health service also generally regrets the change. As a result of this ill feeling and the safeguard that laid responsibility on directors of social services to maintain services in hospitals they have been left largely alone. But the change has come and they are now officially members of another organization. They are therefore a part of two different systems. The psychologists too had another 'home'. Modern thinking sees most psychological illness being treated in the community with very short spells in hospital only when necessary. Because of the stigma associated with psychological illness it is deemed best to give this hospital treatment in acute hospitals so that people are less likely to be labelled as mentally sick by their aquaintances, and by themselves. Therefore modern district general hospitals have facilities for psychiatric patients on site, and at UHW this philosophy has been practised

to the extent that one and a half (the other half is officially designated neuro-surgical) wards on the fourth floor of the seven floor ward block are psychiatric. (When the pressure is acute on resources this philosophy apparently goes to the wall because while I was undertaking research the half ward was being redesignated for cardiac care). This approach has certainly not yet resulted in the closure of our mental hospitals - if it ever does - and most of the psychiatrists, psychologists and state registered mental nurses are based at the two psychiatric hospitals in Cardiff.

The relationship between hospital administrators and the maintenance staff is confused and rarely easy. Since reorganization they are two completely separate bodies and the hospital or sector administrator has no jurisdiction over them at all. Unfortunately this is not recognized by the other members of staff to whom maintenance problems are perennial nuisances. When the administrators seems to be impotent over things like mending cisterns or replacing light bulbs their stock is lowered considerably in the eyes of those who refer the problem to them. No amount of explanation seems to get this point across to other staff.

Similarly, every quarter stock returns must be submitted to the Area Treasurer. One return that is rarely sent is the one for building and engineering stores, and every quarter the sector administrators are rapped on the knuckles and told by their own superiors to make sure they are submitted quickly. In vain do they plead that they have no authority in the stores concerned!

Because of this confused relationship and the importance of maintenance problems to staff I wanted to see the Area Works Officer - and I spent a most interesting couple of hours with him.

Partly the joining of building and engineering into one department was to resolve a constant demarcation dispute which meant jobs never got done because one group was forever waiting for the other. With the craft unions involved the disputes still persist but at least there is a unified control that can timetable projects to suit all parties. The essence of the difficulty is that engineers are forever involved in crises and emergencies, whereas the builders can work at a more leisurely pace and

become more involved in innovatory work as well as maintenance proper e.g. putting up shelves or making furniture (which they prefer doing to routine re-puttying or oiling hinges). The main reason for the unification, however, is the need for improved care of the NHS resources. Administrators had paid scant regard for maintenance. Faced with demands for equipment, staff, supplies, drugs, etc, it was always the maintenance budget that was drawn on first. Similarly, an administrator was likely to put more emphasis on meeting consultants' requests for innovatory work than on maintenance and would therefore pressurize the maintenance staff to dissipate their resources in this way regardless of the longterm consequences on the fabric of buildings.

In the fifties there was very little capital expenditure on the NHS due to the effects of the war on our economy, but when Enoch Powell was Minister of Health, Command Paper 1604 was published with plans for a system of District General Hospitals to be built throughout the country. (HMSO 1962) These would be new units or old ones given a major face lift, and they would replace the victorian workhouses and cottage hospitals dotted around wherever whim or fancy had dictated. New buildings

seem to demand innovations to make them personal and habitable and old habits die hard. So many of the new buildings began to deteriorate very quickly. New hospitals are very expensive to build but after a few years they were costing nearly as much again in some cases to bring up to the standard, and the DHSS decided that it was far better to pay for regular maintenance than to have to keep injecting huge sums of capital monies into refurbishings that never seemed quite satisfactory .

The solution introduced was the Area Works Officer. This officer would be held responsible by the DHSS for the maintenance of the service's buildings, and a detailed code was also formulated to which they should adhere. To get the calibre of staff needed the pay scales were very much higher than building officers or engineers already in the service were getting, in order to attract professionaly trained staff such as architects & quantity surveyors. In any case the need was for someone who would have the all round expertise to run both arms of the department. These officers would be given their own budgets and would have access to area team and AHA meetings with the right of attendance where physical resources were being discussed.

In 1966, the Salmon Report recommended a thorough reconstructing of Britain's nursing services. A number of Hospital Management Committees were selected as trial runs for the recommended changes, but before any evaluation could occur the DHSS introduced it throughout the country to enable higher wages to be paid in accordance with a Prices and Incomes Board (HMSO 1968) Report. Before the Salmon changes each hospital had a matron with a bevy of home sisters and deputy matrons, between her and the ward staff. Within a hospital management committee each matron was considered equal in that they all attended such things as matrons' meetings. The Salmon Committee suggested that each hospital management committee have one senior nurse, the "Group Nursing Officer", with "Principal Nursing Officers" in charge of each speciality i.e. midwifery, acute and psychiatric. Each smaller sub-division would have a "Senior Nursing Officer", (probably a medium sized hospital) with a number of "Unit Matrons" or "Nursing Officers" looking after a few wards each. The overall objectives were to rationalize the nursing hierarchy in all meanings of the word, to provide medium term and long term career structures, and to improve the management of nursing resources. The upper grade has disappeared with Reorganization, Area Nursing Officers being more or less equivalant. Below this the structure is largely the same as before, although the

'Principal Nursing Officer' is called a 'Divisional Nursing Officer'. The other levels in the hierarchy are normally referred to by initials or number as shown below. The whole set up is described as 'Salmon', and is warmly applauded by some and deeply lamented by others.

Group Nursing Officer. Number 10.
(After Reorganization, Area Nursing Officer).

Principal Nursing Officer. Number 9.
(After Reorganization, Divisional Nursing Officers).

Senior Nursing Officer. Number 8.

Nursing Officer. Number 7.

Sister. Number 6.

Divisional Nursing Officers' responsibilities cut across sector boundaries, thus the Divisional Nursing Officer (acute) is in charge of acute nursing services at UHW and at Cardiff Royal Infirmary, and the Senior Nursing Officer (theatres) likewise is in charge of the theatres at both hospitals. The Divisional Nursing Officer (midwifery) is in charge of midwifery services throughout the Area which in effect means UHW and St David's Hospital. The Divisional Nursing Officer (psychiatry) is in charge of the one psychiatric ward at UHW. This means that they are members of at least

two sector teams, and both the Divisional Nursing Officer (acute) and Divisional Nursing Officer (midwifery) attend the UHW Sector Team meeting. At UHW there are four Senior Nursing Officers beneath the District Nursing Officer (acute) one in charge at night, one in charge of theatres and the other two in charge of the wards and departments. There is one Senior Nursing Officer for the midwifery unit. There are many nursing officers and sisters, but they rarely saw a senior administrator.

Finally, we come to what is perhaps the most significant group of all, doctors. Once a medical student has successfully taken his final examinations he/she must spend 6 months as a house officer in a 'surgical job', and 6 months in a 'medical job'. They are usually resident in the hospital and it is known that at UHW the house officers tend to be unhappy with conditions e.g. having no 'mess' of their own and therefore having to eat with other staff in cafeteria style restaurants. In return there is often antipathy towards them from administrative staff because they have a reputation for rowdiness and lack of regard for the premises. The 'house' changes every six months and doctors doing house physicians posts do not necessarily do their house surgeon jobs at the same hospital, therefore there is a frequent change round of staff.

After their house surgeon and house physician posts it is necessa for them to do several jobs in different specialities to give a wider spread of practical experience. During this time they collect the appropriate diplomas and qualifications and decide how to specialise in the next stage of their careers. This entails gaining fellowship of their chosen speciality, although they would usually hope to first become a fellow of either the Royal College of Surgeons or Physicians. Once these obstacles are out of the way the senior house officer looks for junior registrar and later senior registrar posts. Registrars often have the same qualifications as their consultants (sometimes better ones) but the legal responsibility for the patients is the consultant's alone. He is the boss. Each consultant is head of a "firm", although in a larger unit where there is more than one consultant per speciality, like UHW, he may well share registrars and senior house officers with colleagues, rather than each consultant having the full range of junior staff. The difficulty for a registrar is getting a consultant's post. Does he faithfully stay in one place until his consultant retires and hope to get the job? Or does he keep moving around the country? Is it better to be a senior registrar in a prestigeous unit, or to become a consultant anywhere? Baulked registrars have to decide whether to cut their losses and emigrate or become GP's, or whether to keep trying in the realisation that the longer they stay registrars the harder it will be to

become consultants. It can be really quite sad watching this mid-life crisis (Sofer 1970) in a career that attracts only the more able in the first place.

Having obtained a consultants post the doctor will probably stay in that one job for the rest of his career, unless two consultants in the same speciality can arrange a direct swop (and this is infrequent). This is what their education and experience has led to. The consultant has now arrived and he has no boss. There is no-one to call him to account either on the medical or the administrative side. Naturally enough, as there is no higher post to aspire to, the consultant tries to develop his own firm. He attempts to make it locally powerful and prestigeous, and to get the best equipment, furniture and accommodation. Spare energies go into private practice, committee work or research depending on his/her predilictions. This autonomy enjoyed by the consultant makes him very hard to manage; a position not improved for the administrator by earning perhaps as little as a quarter of the consultant's salary.

Hospital administrators have had the problem ever since the late 1950's of trying to gain a medical opinion on anything (this is true at every level, including the national one). Before this, every hospital had a medical superintendent who was the boss of the place. He was in

charge of the nurses, administrators and his colleagues. Because of increased speciality of both medical and non-medical services this position became more and more intolerable and finally medical superintendents were phased out (a very few persist in, for example, psychiatric hospitals, and they have continued in Scotland, and private hospitals). Since then to gain a unified voice from a group of consultants has been virtually impossible. A matron or administrator would have to consult every consultant individually before introducing changes. The "Cogwheel" reports referred to in Chapter 1 suggested that firms should group into divisions which would meet periodically to discuss matters in order to present a common policy to the administration. Thus all the surgeons might form one division, for example. Representatives from the divisions (probably the chairmen) then sit on the Hospital Medical Staff Sub-Committee and its chairman is a member of the Area Team of Officers.

Before "cogwheel" there were consultants meetings that went by a variety of names, and just before I started my research a consultants meeting had started for the first time at UHW. This is a general forum that all consultants can attend and offers an alternative line

of communication. It too has an elected chairman and vice-chairman who at UHW are members of the Sector Team. The Sector Administrator attends the consultants committee and takes whatever notes are necessary at the same time.

Neither the chairman of this committee nor the chairmen of the "Cogwheel" Divisions are in any respect the bosses of their colleagues. And this is true also of the medical administrative structure. Some doctors leave clinical and research work for public health and administrative duties, and since Reorganization these staff have all been brought under the control of the Area Medical Officer. However, although he can be called the senior representative of his profession in the Area he is in no way manager of anyone but his own organization of medical administrators. Indeed, as these staff are frequently described by their colleagues as "failed doctors" they do not even have the influence that they might have had. This same jibe has often been thrown at all doctors who show any interest in administrative work, and therefore their colleagues often have no intention of observing a particular line even when

their 'representative' speaks for them. One tends to miss out totally the view of those who by nature despise matters administrative. The situation is however changing as the medical staff realise how profoundly the organization has changed since Reorganization, and how important it is that they get themselves organized and represented where it matters. At UHW, for example, there is no longer a Group Administrator to make a mockery of participative management or committee work and therefore the doctors must get involved in the committees. This is reflected in the setting up of the consultants' meeting and the medical staff's new interest in the Sector Teams.

The number of consultants at UHW is inflated because all the professors and senior lecturers of the WNSM have honorary consultantships with their own beds and patients. Furthermore because the original intention was to provide virtually all hospital services at UHW the vast majority of outpatients are seen at UHW's out patient departments. This entails many consultants visiting the hospital who are actually based at other hospitals.

At UHW while I was undertaking my research there were 67 consultants and 11 professors with beds on the wards, with registrars, senior house officers and house officers below them. It should be re-iterated that consultants have no bosses, so a senior lecturer sharing a ward with his professor is still, in theory at least, in charge of his own beds, even though he may be a subordinate in the academic organization.

The number of medical staff (excluding dental staff, house officer vacancies and clinical assistants - a sort of assistant part time consultant) whose base hospital was UHW as at March 1976 was:

Senior House Officers	- 21 (plus 8 shared with other hospitals)
Senior House Officers	- 27
Registrars	- 59 (plus 6 shared with other hospitals)
Senior Registrars	- 43 (plus 3 shared with other hospitals)
Consultants	- 113 (including honorary consultants i.e. WNSM staff)

The greater number of consultants shown in this table is due to the inclusion of those who have no beds e.g. many pathology departments, radiologists etc. A great many more consultants from other hospitals in the area (and beyond e.g. Oswestry) attend for out patient clinics at the hospital and have an interest in its administration. And of course all the honorary consultants from the WNSM need to be added to the number shown.

APPENDIX II

The following paper was written in April 1976 during the early stages of my postgraduate studies in organizational behaviour. I already had an interest in the subject, and was aware of two sorts of approaches to the literature - the cautious and the popular. It was relevant to the student of organizational behaviour because of increasing references to animal studies in the organizational studies in the organizational literature. Unfortunately it is the more widely available 'popular' works that organizational specialists are likely to refer to, and the misconceptions on which those popular works are based are likely to be further absorbed into our thinking. An example of this is Steels's book (1973) that refers uncritically to Ardrey's work on territory.

I include it as an Appendix to my thesis because it forms part of my quest for explanations. But as the focus of my research proved to be elsewhere I did not develop any of the ideas which follow, and I have not updated the paper to take account of more recent literature.

A REVIEW OF SOME BIOLOGICAL EXPLANATIONS OF HUMAN BEHAVIOUR.

Introduction

I have chosen the topic both too late and too early. Too late because the field has recently grown enormously, and it is impossible within the scope of this paper to give a comprehensive global view of it, whereas even a few years ago I could have probably referred to every relevant text. Too early because after some hesitant (and some banal) attempts in the late sixties and the reaction to them in the early seventies, there have recently been published books like 'Biosocial Anthropology' (Fox 1975), which promise to be more authoritative and balanced, and 'Sociobiology: the new synthesis' (Wilson E.C.1975). So recently in fact that they have not yet reached the shelves of our libraries, and I have not been able to make use of them.

My aim is not to say anything startlingly new or insightful that will further the cause of scientific endeavour, I will merely try to survey the more important aspects of the approach as a student of organizational behaviour, locating the approaches and authors in some sort of scheme so that I, and perhaps others interested in these matters, can see the trends and overall picture.

If the size of the field has caused me to reduce my scholastic ambition it has also forced me to ignore several important areas of study completely. The more important of these areas are pharmacology, neurophysiology and psychosurgery. I did begin to look at the logico-mathematical cybernetic studies of Piaget (1971) and Ashby (1960), but they would have demanded a disproportionate amount of time and effort to deal with as would have Piaget's developmental psychology work, (although Jolly (1972) devotes quite a bit of space to this for anyone particularly interested in it). I have similarly excluded psychoanalytical explanations which could justifiably be called 'biological' in that they are rooted in the physical growth and experience of the human organism during its lifecycle. (There is a growing interest, particularly amongst organizationally orientated workers, in later stages of the life-cycle e.g. the'mid-life crisis').

Devons and Gluckman (Gluckman 1964) have argued that in order to organise his research the anthropologist must be aware of other relevant factors and disciplines but be prepared to plead naivety about them once he has demarcated his particular field. Thus Lipton and Cunnison's paper needed to go beyond the garment workshop they studied, and Watson needed to refer to the forces of professionalization and the development of large industrial concerns to explain the activities of 'spiralists' in the small community he studied (both studies in Gluckman 1964). I think this is rather too closed an approach and exalts the specialized nature of academic fields in a way which serves rather to provide academic mystique than to reflect reality. Tinbergen has suggested that there is a 'cline' between the various related disciplines, rather than discreet boundaries, and this seems to me a more sensible way of regarding the situation (reported in Freeman 1966). It certainly reflects the experience of the researcher as he begins to follow up the literature for the particular topic in question. Eventually I was forced to the position of saying that if the paper was ever to be written I would need to stop reading and start writing, because every new book or paper referred to gave a new series of references I had failed to follow up. Therefore the disciplines embraced are not totally inclusive, but I think most of the relevant strands in ethology, anthropology and primatology have been covered.

Two general positions.

Mazur and Robertson (1972) suggest that modern social scientists have shied away from biological explanations of human behaviour because of social Darwinism and racist theories of the 1920's and 1930's, along with the general shift away from reductionism. Certainly one is conscious that many writers have studiously avoided any discussion of biological factors. Freeman (1966) has also noted that Durkheim's view that social facts must be explained only by social factors has been very influential in supporting this avoidance of biology. In reaction to this avoidance a number of writers have been urging social scientists to look again at biological factors. Freeman for example draws attention to the enlargement of the neo-cortex, which according to Chance was closely associated with the complex social relationships of the evolving hominid, and declares (originally in italics):

> "It follows that social customs to be understood adequately need to be related to the behavioural impulses in reference to which they have been evolved and in opposition to which they survive as shared modes of socially inherited adaption".

He sees the breaking away from a complete dependence on social explanations as a new and fruitful departure in anthropology.

Two more vociferous proponents of this view are Tiger and Fox (Tiger and Fox 1966 and 1971, Fox 1967, Tiger 1969). In their first paper they note the convergent interests of anthropologists, ethologists, zoologists, psychologists and linguists, and suggest that genetics and neuro-physiology is providing insights into the way "not only anatomical structures but also behavioural processes are selected, adapted and transmitted". Their work has been influential in speeding up the debate, Napier for example (1971) says that "The viewpoint of these authors, indeed, has been a principal stimulus for writing this book". Another impetus has been the success of certain popular books by Ardrey (1967 and 1970), Morris (1969 and 1971) and Lorenz (1967).

These works reflect a new interest in biological explanations that look principally to animal studies and evolutionary models for enlightenment. What are looked for are homologies and analogies which will provide grand explanations, although one hastens to add that the ethologists and primatologists themselves are less sanguine about such attempts. For example Hinde, who has written a very comprehensive textbook on animal ethology (1970) has recently turned his behaviour to human social behaviour (1974) and warns us:

> "But the use of animals involves dangers: it is so easy to make rash generalizations, to slip from firm fact to flight of fancy, to select examples to fit preconceptions. Studies of animals must therefore be used circumspectly, and the limitations of their usefulness specified".

We will discuss some of these viewpoints again when we look at the arguments more closely, but before doing that we should note an older approach. Since there has been a reaction against general biological explanations those writers still interested in biological matters have continued with more limited questions concerning genetics, physiology, endocrinology, pharmacology, the structure of the nervous system, nutrition, sensory perception, effect of illness, learning and intelligence. It is almost a clinical approach and is very important for understanding aspects of human behaviour although it lacks the seductive charm of the newer ethological studies. It is methodical, almost mundane, and in general is very 'scientific'. This was the orientation of my first degree and it is still an influential position. What seems to be a standard text published by the Open University (Chalmers et al 1971) takes exactly this stance. So does Alland (1967) and many of the psychological texts.

Explanations can be at many levels and I see the present demands for a biological perspective as an impatience with this older approach, and an expression of the need for the links between social phenomena and physiological factors which have been missing. This may be a confusion of levels of explanation, and it is important that we appreciate what these older studies have been saying before we glibly start constructing global theories (because the former unfortunately tend to spoil the simplicity of the latter).

Genetics.

The field of genetics has been of interest ever since Mendel's work became well known, but it received new impetus after Watson and Crick unravelled the secrets of the DNA helix. The 'genotype' is the parcel of genes and chromosomes that the individual receives from his parents, and except for monozygotic (identical) twins the parcel is different for every individual born. The genotype is the foundation for the 'phenotype' which is the person's actual appearance i.e. the genotype as modified by the experienced environment, both in utero and after birth, including the effects of hormones, pathologies, etc.

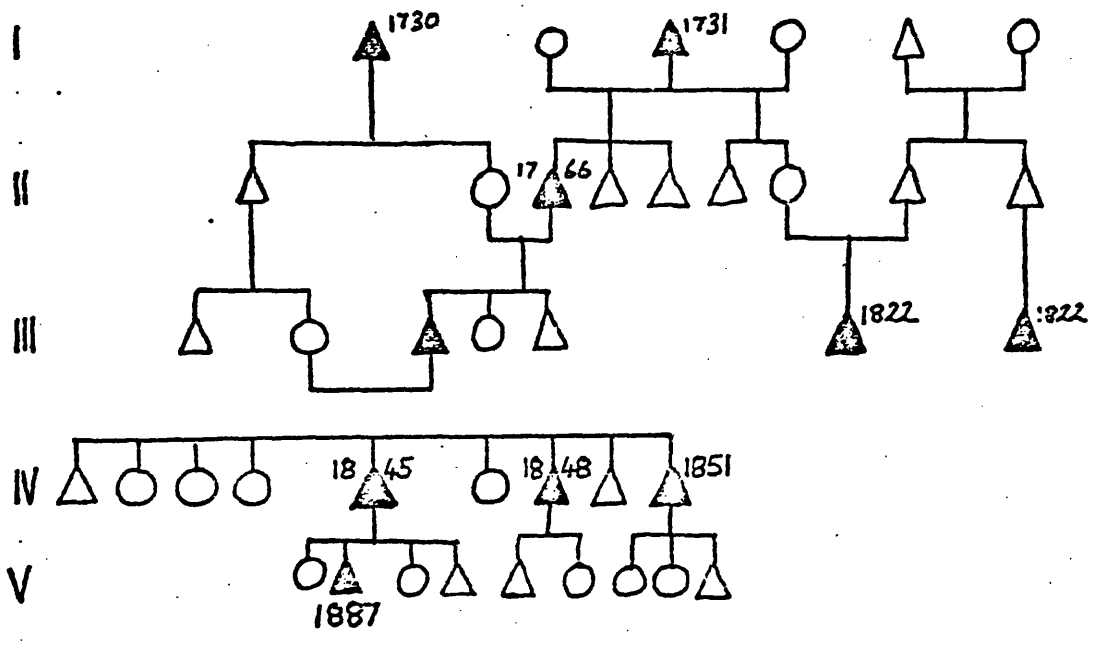
Genetic studies tend to concentrate on abnormal genotypes and twins, for it is very difficult to be certain what aspects of a person's life are the results of genetic inheritance, early (perhaps foetal) conditions, or social factors. As we will see later most writers make the assumption that in humans very few behaviour patterns are actually inherited. There are reflex actions in tiny babies but beyond that little is certain. Eibl-Eibesfeldt (1970) says that we are over hesitant to recognize inherited behaviour, but except for infant reflexes he only puts forward as evidence cross-culturally similar facial expressions, which is hardly significant for proving any widespread instinctual behaviour.

Even though gene studies are often inconclusive, the genotype has obvious effects on behaviour in some cases. For example, the genotype will have either both X+Y chromasomes, in which case the individual will be male, or two X chromasomes when the individual will be female. Thus genetics normally determines which of the two sex roles the baby will be ascribed, (although there are confusions which usually cause much suffering to those concerned). There is also much interest in certain syndromes where a person has an abnormal permutation of sex chromasomes, the one of particular interest consisting of an X and two Y's - an XYY pattern. A high incidence of this pattern is found, for example, in top security gaols and mental hospitals. Although the evidence is not conclusive (for example the syndrome does not seem to have been widely looked for in normal populations), it seems as if an XYY pattern leads to larger than normal males who are excessively aggressive. This leads to speculations about the effect of Y chromasomes in ordinary males and a debate about the extent to which the masculine role is inherited or learned. The other clear cases of genotypic influence are in abnormalities such as Down's sydrome (Mongolism), Klinefelter's syndrome, Turner's syndrome,etc. Even less serious inherited defects such as colour blindness or haemophilia may affect someone's observed behaviour e.g. by precluding them from some activities. Further details can be found in Carter (1969).

To what extent positive benefits are inherited is much less clear cut, and virtually nothing is certain. Carter gives two tantalizing family trees for the Bach family and the Darwin family, but we should avoid hasty conclusions - once grandfather has 'made it' all sorts of cultural and social influences may be brought to bear on succeeding generations. The Darwin family tree is shown in Fig. I.

Somatypes.

Moving away fron the direct effects of genetic influence we come to some indirect effects associated with the individual's phenotype. Sheldon's work on 'somatypes' (in Mazur and Robertson, 1972) was not enthusiastically welcomed by psychologists when it first appeared because of methodological queries, but the basic hypothesis seems reasonable. He described four main somatypes or physiques that individuals can be compared to, and then associated the somatype with the person's self-perception, fantasies and social role. The somatypes are shown in Fig. 2.



▲ = FELLOW OF THE ROYAL SOCIETY

I_1 JOSIAH WEDGWOOD, POTTER ; I_3 ERASMUS DARWIN, PHYSICIAN

II_3 ROBERT DARWIN, PHYSICIAN

III_3 CHARLES DARWIN, BIOLOGIST ; III_6 FRANCIS GALTON, GENETICIST ;

III_7 DOUGLAS GALTON, ENGINEER

IV_5 GEORGE DARWIN, ASTRONOMER ; IV_7 FRANCIS DARWIN, BOTANIST ;

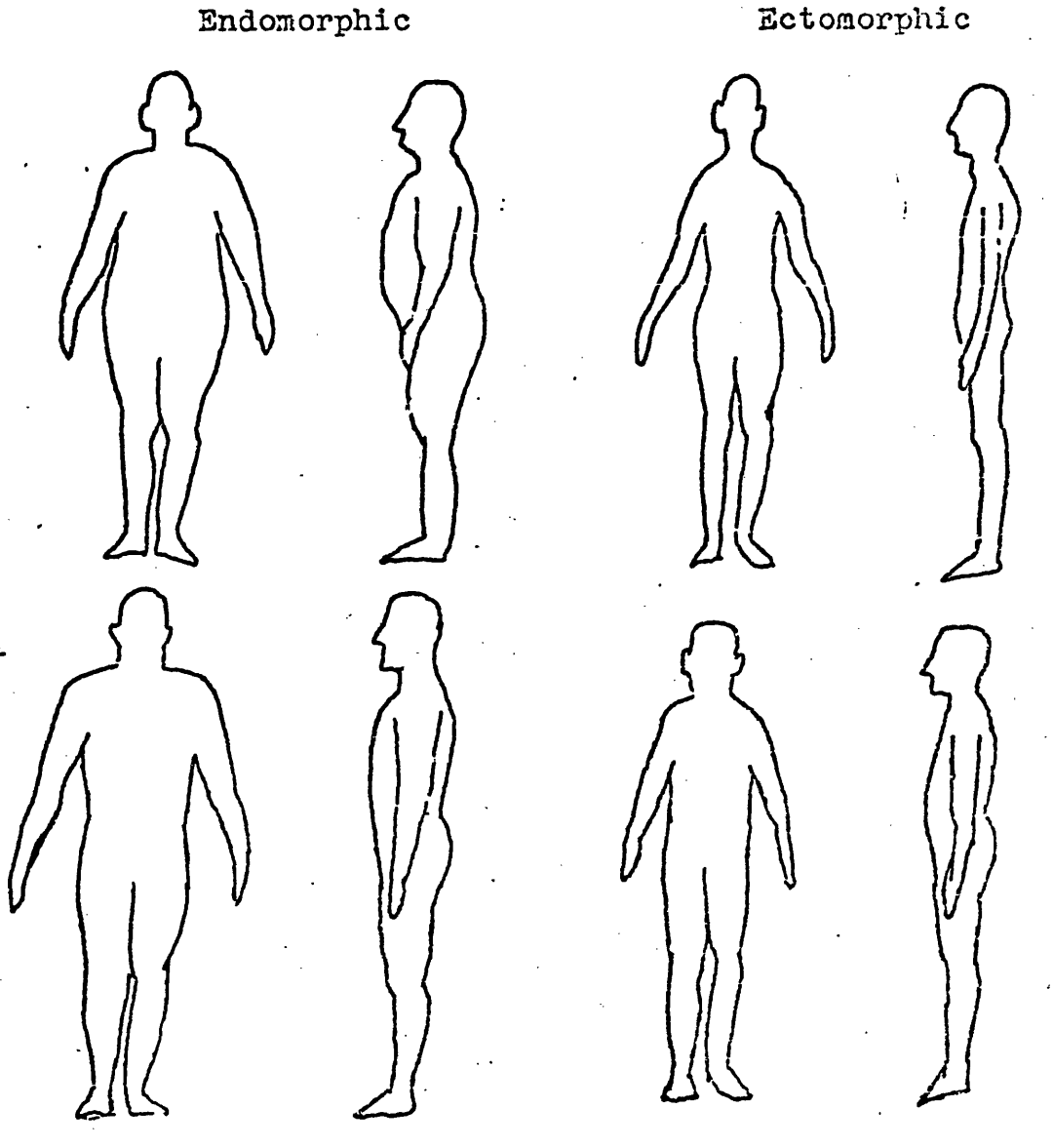
IV_9 HORACE DARWIN, SCIENTIFIC-INSTRUMENT MAKER

V_2 CHARLES DARWIN, PHYSICIST

Figure 1. Part of the pedigree of the Darwin family, (after Carter, 1969).

Allied to Sheldon's work are studies of first born siblings who are generally bigger and more intelligent than their younger brothers and sisters, and achieve more in later life. Although there are certainly both cultural and biological factors at work there is evidence that individuals' physiques definitely affect their interactions and personalities. Although I have illustrated male somatypes the physique is at least as important to females, especially the size of their hips and bust (according to the prevailing fashion and the time they reach puberty).

Figure 2.

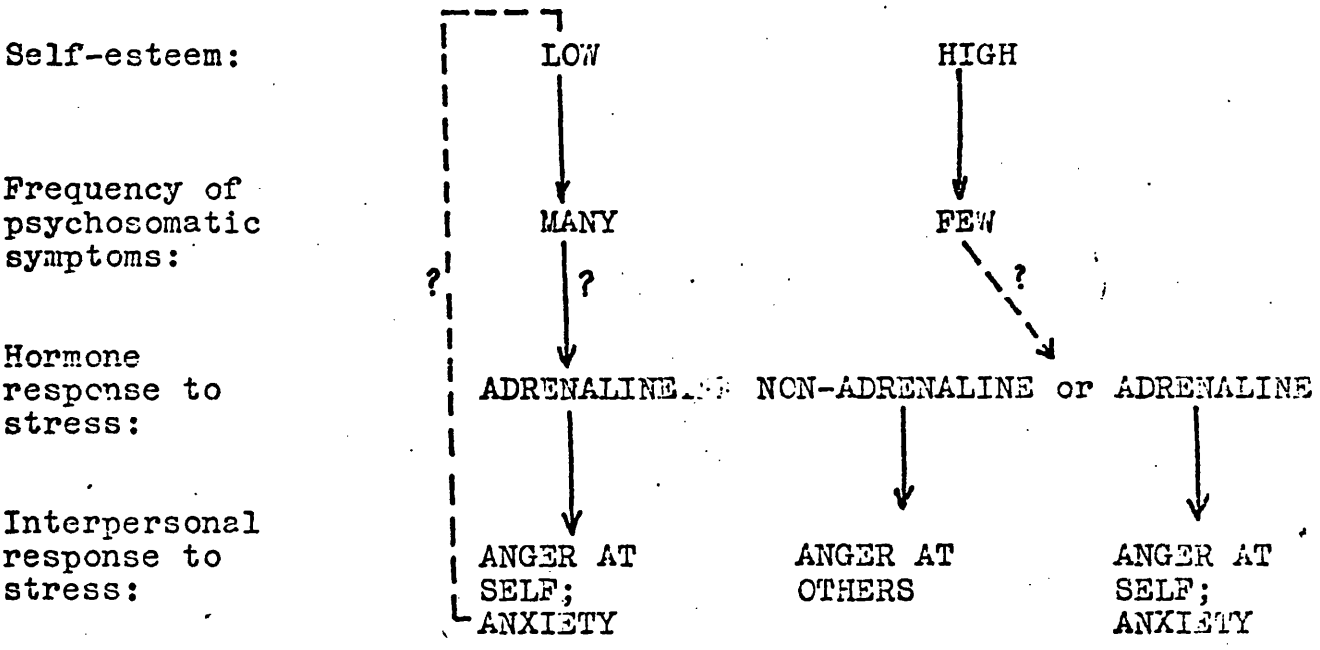


Sheldon's Somatypes.

Endocrinology.

A person's endocrinology is another indirect effect of their genes and it both directly and indirectly affects their behaviour. Motor activities, eating and sex are closely regulated by hormones secreted by the endocrine glands i.e. the pituitary, thyroid, parathyroids, adrenals, pancreas and gonads (ovaries or testes). But there is also research into the inter-relationship between the hormonal activity and stress and a person's status. I will not develop this because another course member is dealing with the area of stress and there is no need to duplicate work, I will merely reproduce a diagram from Mazur and Robertson giving the general position. (Fig.3).

Figure 3



Hypothetical and empirically validated links among personality, hormonal, and inter-personal variables.

In passing we should note that even in the fairly straightforward (although detailed) area of endocrinology it is dangerous to assume that what is true for one primate species is true for all. "For example", report Mazur and Robertson, "adrenaline has no effect on the secretion of growth hormone in man or squirrel monkeys, but it has a strong effect in the rhesus monkey".

A further link is suggested by Mazur and Robertson between the physiological and social when they note that:

> "Comparison of mortality rates in a number of studies have shown that the widowed have mortality rates from cancer about four times that of those who are married at the time of death. Cancer is, in this view, related to a loss of a close person or relationship".

This has been a brief excursion into the areas of concern for researchers in the older traditions of physical anthropology and psychology. The emphasis is on the individual and his behaviour as it is influenced by his genotype, phenotype and endocrinology. It constantly challenges many of the broad statements made about human behaviour and I think it is right to be conscious of its general position before we now move to the present fashionable approach that seeks to explain the behaviour of man in groups and society by appealing to his primordial past.

Popular writers and instinctual behaviour.

As I have already suggested the slow convergence of various disciplines was accelerated during 1967. In that year several books appeared that claimed to explain aspects of human behaviour by direct appeal to animal studies. The authors concerned were Lorenz, Ardrey and Morris and we will examine their work in more detail (Lorenz's book was written earlier but translated in 1967, and Morris' book came out in hardback in 1967 although I have cited the later Corgi edition in my list of references).

Lorenz is a very able ethologist, often referred to as the father of modern ethology because of his work in the 1930's. Unfortunately ethology has 'moved on' while in "On Aggression" Lorenz is still using pre-war concepts. He tackles the question of what the value of aggression might be, and decides from a wide range of animal studies that it is a valuable means of insuring that only the best genes are passed on from generation to generation, and that through the defence of territorial space a balance is maintained between population and available resources.

He says that as it is an evolutionary mechanism in all animal species it is also part of man's inherited nature and we might as well face up to it. He suggests sports as a means of catharsis for the aggression which he sees as a basic drive that needs consummating (highly reminiscent of the recent films "Rollerball" and "The Great American Car Race"). According to Lorenz the problem with man's aggression is that unlike such specialised killers as lions and tigers we have not developed the powerful inhibitors and appeasement gestures that normally prevents animals killing conspecifics.

"On Aggression" is beautifully written and has many fascinating examples of life amongst fish, insects, birds and animals - but little or no attempt is made to rationalise the leaps from species to species and order to order. It has also come in for considerable criticism, but I will leave the detailed criticism until we have looked at Ardrey's and Morris's work.

"The Territorial Imperative" and "The Social Contract" by Robert Ardrey are in a similar vein, and follow his earlier success "African Genesis". Ardrey's background is significant. He was a fairly successful playwright who re-discovered anthropology in middle age (he had lectured on anthropology in a booth at the Chicago World Fair). Immediately he started a personal education programme for the lay public. He is appalled by man's refusal to face up to his animal past, and by the academic community's refusal to recognize 'drives' (which he sees as a euphanism for 'instincts'):

> "For a man in the street to be compelled to present such childlike logic to the professional thinker is little less than embarrassing. What ails us? What is this inhibition afflicting so many of our finest minds which renders them incapable of adding two and two?" (1967).

In "The Territorial Imperative" he concludes that territoriality is not the only biological force at work on us but it "is the biological law on which we have founded our edificies of human morality". And self-sacrifice, war, etc. He is clearly not rigorous enough in his arguments and definitions. The following quote crudely equates 'territory' with 'country' although country embraces more than just a plot of land, it includes a man's aspirations, family, women, work and far more;

> "And it may come to us as the strangest of thoughts that the bond between a man and the soil he walks on should be more powerful than his bond with the woman he sleeps with. Even so, in a rough, preliminary way we may test the supposition with a single question: How many men have you known of, in your lifetime, who died for their country? And how many for a woman?".

In "The Social Contract" he returns to the theme of our unwillingless to come to terms with our animal inheritance, and uncritically defends Lorenz's work. He emphasizes the role of dominance and survival, and principally seems to be saying that the individual contract based on the principal of the survival of the gene pool. The title is a reference to Rousseau (to whom the book is dedicated) but no-one could believe that Rousseau would have willingly passed his mantle to Ardrey. The books are a mish-mash of excellent ethological detail selected from all levels of animal life naively used to explain aspects of man's behaviour merely on the strength of vague analogies. The ethological material is embedded so cleverly into a bed of the author's autobiography and personal interpretations that it is impossible to tell the reliable from the unreliable.

This same criticism applies to Morris's books "The Naked Ape" and "The Human Zoo". The detail is good but it is so interwoven with the author's highly questionable application to human behaviour that the books become worthless. Like many of Ardrey's interpretations Morris's applications are often extreme to the point of being ridiculous. His correlation of various aspects of modern photography with ritualized aggression in "The Human Zoo" is, for example, absurd.

Morris's approach is to look at Homo Sapiens as a zoologist might look at any other ape - although if he wrote about any other species like he does about man his reputation would be seriously impaired. He regards classical anthropology as a waste of time because it concentrates on small stultified, primitive cultures which are evolutionary backwaters. He says that it is therefore dangerous to use this information in formulating any general theory about our behaviour as a species. Likewise the theories of psychiatrists and psychologists are based "inevitably abberrant or failed specimens". Instead we need to see man as a hunting carnivore who has developed a social fabric based on sex - indicated by the size of man's penis which is bigger than that of any other ape.

Unfortunately the theory advanced by Morris to replace those he castigates is full of silly arguments and naive applications of analogies. Some statements are just plain inaccurate e.g. he refers to "dwindling venereal disease". He even suggests ways of applying his theory, for example offering advice to motorists who fall foul of the police. Leave the car (it's a territorial stimulus that releases aggressive reactions in the policeman), and act very submissively - this will relieve him from the need to win the exchange, and therefore inhibits him from acting punitively. One can only hope it works!

Morris is not only suspect in his interpretation of social behaviour. He is also suspect in his reconstruction of the past (we will see later that his and Ardrey's view of man's ancestor as a pack-hunting carnivore is not shared by all researchers), and in his interpretation of the physical data he refers to e.g. he interprets the female lips and breasts as a mimicry of the labia and buttocks, the transference of these secondary sexual stimuli taking place as we began to adopt an upright gait. Eibl-Eibesfeldt (1970) says of this:

> "The pulled-up breast of a movie star may evoke such associations, but a normal breast is just as dissimilar from buttocks as lips from the labia. Morris also overlooks the fact that men also have red lips".

(On a recent radio discussion between Desmond Morris, Johny Morris, and Michael Parkinson it was said that Desmond Morris went to school with Diana Dors. This seems to strengthen Eibl-Eibesfeldt's criticism, and suggests a key to the lack of balance in Morris's discussions about sex and man!)

All of these books can be considered 'popular' both in their intended readership and in their success, but they have been severely criticized by other workers. Typical responses are found in a book edited by Montagu (1968), which contains papers written by workers from a number of disciplines. (One review turns the tables on Ardrey because Sahlins, a well known anthropologist, wrote it in the form of a play, and the effect is very funny although the jibes may be a little esoteric.) Montagu himself attacks both Ardrey and Lorenz for using the concepts of 'drive' and 'instinct' without providing any evidence that they can be carried over from animal to human behaviour. He notes that Lorenz has assumed that Pekin Man was a cannibal because the skulls were associated with charred bones, but they could as easily imply cremation and a rudimentary religious awareness. He accuses them both of being naive and inaccurate, and of ignoring much of the literature especially when it contradicts their viewpoint. Leach (1968) accuses them of teleology:

> "The argument is in some respects circular. The ethologists interpret particular animal behaviours as aggressive, amicable, dominant, submissive, etc., and they use such terms because of what they know about themselves. That being so, it is quite illogical to reverse the process and pretend that we might understand human aggression because of its analogic similarity to "animal aggression".

Hinde (1974) also rejects the use of instincts because of circularities of argument. We observe behaviour which we then say is governed by an instinct for that behaviour - and then explain the behaviour by saying that it is instinctual. He also criticizes the 'energy' model of Lorenz (and Freud). He says it is postulated as a variable which is reified "as an entity with properties appropriate to physical energy but possibly irrelevant to the behaviour it is supposed to explain". For example, the nervous system is not essentially passive until stimulated, it is constantly in a state of electrical activity. The question, says Hinde, is not therefore "Why does the animal behave?", but "Why does it do this rather than that?".

Johnson (1972) too criticizes the Freudian hydraulic notion of instict used by Lorenz, which equates aggressive urges with the biological drives such as hunger and sex (he calls it the 'flush toilet mode'). There is no evidence that the aggression increases over time if it is not consummated, as is the case with hunger. Nor is there any evidence that catharsis occurs if sports events or films are watched. He is also critical of the journalistic expressions Lorenz and Ardrey use in preference to developing systematic theory, and of the fact that they ignore the bulk of the scientific literature on the subjects they tackle.

As our review of the popular writers has brought us to the question of instincts it is perhaps appropriate to look at it a bit further. Maslow (1970) takes a modified view of instincts. He discusses the debate between proponents of culture and instinct and says it has been conducted on an either-or basis. He says that men are clearly not governed by instincts in the way animals are, and concentration on animals may have been a mistake because their instincts often seem to be independent of environmental forces (but see Bowlby below). Why can we not postulate <u>weak</u> instincts, however, that can be masked or modified or suppressed by habits, cultural pressures, etc.? This point of view has not been picked up widely elsewhere (although he first put it forward in the mid '50's) and I think the onus of proof still lies with him. Do we need to refer even to weak instincts to explain any aspects of human behaviour?

Bowlby (1969) does not believe that there is no behaviour that can be called instictual in man. He notes that even amongst non-human animals the overall species-specific behaviour that can be called instinctual is modified in individuals, often because of environmental variables. Although the behaviour is linked to a function having survival value for the species as a whole, yet "in the individual performer, instinctive behaviour is absolutely independent of function".

Although all systems of behaviour are flexible he says that "no system whatever can be so flexible that it suits all and every environment". Therefore, whilst accepting that man's behaviour is very varied he believes that there are commonalities, and that variations are not infinite. Basically, his theory is that Fixed Action Patterns are in fact bits of goal-directed behaviour; larger units of behaviour being chains of these bits. By this he is not suggesting a teleological concept of goal direction. Rather it is a cybernetic model where behaviour is constantly being goal-corrected during operation, thereby giving the impression of regularity and uniformity. In the case of humans he concludes:

> "It is because, during human development, the behaviour employed to fulfill a function changes in its organization from the simple and stereotyped to the complex and variable that it is customary to say that humans show no instinctive behaviour. An alternative way to put it is that systems responsible for instinctive behaviour usually become incorporated in sophisticated systems so that the typical and recognizable patterns expected of instinctive behaviour are no longer seen except when a set-goal is about to be reached".

Several anthropologists in the Montague bobk demonstrate that in his chapter "Ecce Homo", where Lorenz deals with aggression in man, his facts are wrong in just about every conceivable way. His conclusions must therefore be suspect. Gorer notes several tribes such as the Arapech of New Guinea, Lepaches of the Himalayas, and Pygmies of Congo, are not in any way aggressive even though some of them are hunters and gatherers. Elsewhere Eibl-Eibesfeldt (1974) seeks to explode the "myth of the aggression-free hunter and gatherer society", but as he chooses the Kwakiutl, Hadza, Eskimos and !Kung Bushmen the argument does not refute Gorer, even though it does show the danger of over generalizations. As Gorer did fieldwork with the Lepaches we must accept, at least, that obvious signs of aggression are not manifest, and this strongly suggests that it is culturally encouraged or inhibited and is not just part of man's genotype. (In a very recent book review Reynolds (1976) has imputed Eibl-Eibesfeldt's description of the !Kung to his German nationality. "Is it in some way difficult or upsetting for German scientists to accept the existence of a relatively harmless people? Does German culture in particular need a validating myth of innate aggreeiveness?" And speaking of the insulting and quarrelling that Eibl-Eibesfeldt reports he asks, "We aren't surprised, are we? Did we think they were wholly devoid of all kinds of violence? No, we thought they were relatively peaceful".)

While the anthropologists have attacked the ethnographical data in Lorenz the ethologists have criticized the animal data. Many animals, for example, have no defended territories. He is shown to be inaccurate in his descriptions of rats, wolves and primates which are all fairly central to his argument. These writers also complain that Lorenz and Ardrey fail to distinguish between different sorts of territory (see below) or to define their use of the term"aggressive" in many different situations.

One of the contributers to Montague is J.H.Crook who notes that Harlow's work shows how learning can affect aggression in individual primates, and how Freudian analysis points to the importance of such early developmental experiences as toilet training in affecting later human behaviour. In dealing with Ardrey's theme, he says, "Perhaps the most striking feature of those non-human primates the behaviour of which is of most relevance to man is precisely their lack of easily defined territorial behaviour". And he shows that in any case not only do many mammals have overlapping homeranges but that 'territory' is not a simple cohesive concept:

> "We have already argued that territoriality cannot be conceived as a species property, like leg length or plumage pattern; rather it is a group characteristic expressing the effects of the interaction of individuals with one another and the environment. Territory is but a single aspect of the social system shown by a species. An understanding of the system as a whole is more likely to inform us regarding territory than will the particular study of territory to the neglect of other social behaviours".

On the philosophical level Lewis and Towers (1969) have attacked the whole approach of these workers as "nothing-buttery", and they have also shown that man is not in fact 'naked' nor has he merely developed nakedness as a sexual feature. We have developed our skin and hair into a vital organ of information reception. Napier (1971) claims that on empirical grounds we could argue that "the genetic trait of aggressiveness could have evolved in as few as ten generations, a matter of 300 or so years. Aggressiveness and the territorial imperatives of our society could simply be genetic adaptations to the demands of modern environments". He says that the evidence "may prevent the human herd of lemmings from hurling themselves into a watery oblivion of self-denigration". Others have been concerned that the simplistic notions of these popular writers may be a stimulus for more Third Reich-like philosophies, however pacific the writers themselves may be.

The scientific synthesis?

One way and another, therefore, the popular writers are unpopular with their scientific colleagues. Again and again the refrain occurs "It's not science", and one has to agree with this conclusion. But what of the position as we move along the non-science/science spectrum to the work of Tiger and Fox? The popular writers might be classed as 'hypothesis', the establishment's reaction as 'antithesis', is their work a synthesis?

The first article by Tiger and Fox (1966) was a call for a zoological perspective in the social sciences. They say that it has been assumed that the 'nature' part of man was well understood and debate therefore focussed on 'nurture'. Recently it has become clear that the 'nature' aspect is not at all clear (they refer to the decline of the theory of instincts as an example of this), and fresh examination of it is now needed. Furthermore they claim that we are now in a good position to take a zoological perspective:

> "Human anatomical evolution is increasingly well documented, and because of the connection between physical structure and behavioural function it is possible to describe features of behavioural phylogeny".

This is perhaps over optimistic and assumes a great deal about the relationship between physical structure and behavioural function, and more especially about the relationship in man as compared to other primates. We have already seen that as comparatively simple a relationship as adrenaline and growth can vary between primate species.

They go on to argue that cultural variability occurs, but only within species-specific zoologically prescribed parameters. "The result of the interplay of species-specific behaviour with varying external conditions is analysable once the parameters of such behaviour are known". This may be a reasonable argument, but I suspect that Tiger and Fox are thinking about far more restrictive parameters than most researchers would allow when considering the species Homo Sapiens. They put the argument forward again in a different form by acknowledging that man learns most of his behaviour but emphasizing that the ability to learn is inherited.

Their request for more than just sociological explanations is fairly reasonable on the face of it, but in their later works they indicate that they are adapting a rather more biological determinist stance than is first apparent. In an article the following year (1967), Fox puts forward a model of the protohominid as an open Savannah hunter that later developed weapons, symbols and new social structures. It is a similar model to Morris's, but it focuses rather too heavily on the organized hunter aspect which is not neccessarily agreed on by all researchers. This model strongly colours Tiger's "Men in Groups" (1969) and their joint "The Imperial Animal" (1971). Thus Tiger says:

> "My proposition is that specialization for for hunting widened the gap between the behaviour of males and females. It favoured those 'genetic packages' which arranged matters so that males hunted co-operatively in groups while females engaged in maternal and some gathering activity.....The co-operative groups involved with hunting would have been all-male, and there would be strong selective pressure in favour with all-maleness".

In "The Imperial Animal" we read of the species-specific "biogram", and various factors are explained as simply being part of this biogram:

> "We neither posit specific instincts in man, nor do we see the human infant as a tabula rasa. We see certain human institutions as inevitable as they follow from the interactions between creatures who are wired to learn certain things, to expand certain energies, and to respond to certain stimuli in ways that have been built into them by the peculiar evolutionary history of the species".

The use of the term 'wired' is significant, and Crook (1970) has said that both they and Reynolds (see below) "seem to over emphasize the genetic element in the determination of characteristics of groups". He says that the human phenomena which they try to explain such as dominance, territoriality, incest taboos, etc. "are sometimes treated as if they were the conceptual equivalents of species-specific 'fixed action patterns' to which the neo-Darwinian theory of natural selection can be directly applied".

They can also be criticized for their treatment of social factors and ethnology. They fall into the same traps as Ardrey, Morris and Lorenz in being highly selective in their use of material, and of giving highly unsatisfactory genetically based interpretations of phenomena from various cultures in the "Imperial Animal". War is explained as being like a baboon troop given a group of handgrenades i.e. our primate power politics based on dominance and reproduction have been given a new savagery by the advent of tool-weapons. Man "has now simply handed himself a whole heap of problems for those by now familiar reasons: his forebrain and his artifacts".

Man's Ancestors.

One very important area of study, as has already become apparent, has been the search to construct a model of man's precursors. This would be an interesting study for it's own sake, but is given special significance because it would presumably explain aspects of human behaviour. However the methodology stands the risk of being tautologous, for we try to build a model of the protohominid stock by deducing back from living primate behaviour, including Homo Sapiens, and then using the model as explanatory. But I am moving ahead of myself.

Some skeletal evidence is available of Ramapithecus, Australopithecus (Africanus and Robustus), and Homo Erectus - but it is not certain what their inter-relationship is. It is possible as well to be fairly certain about prevailing ecological conditions, and there are even a few artifacts associated with some of the finds. This evidence is the foundation for our model. Upon it we must build a model on the anatomy and behaviour extrapolated from living primate species.

A full table of the living primates is given (Fig. 4, from Jolly (1972) after Napier and Napier; tree shrews are excluded as they are not nowadays considered to be primates), and it is given in the form of a tree in Figure 5.

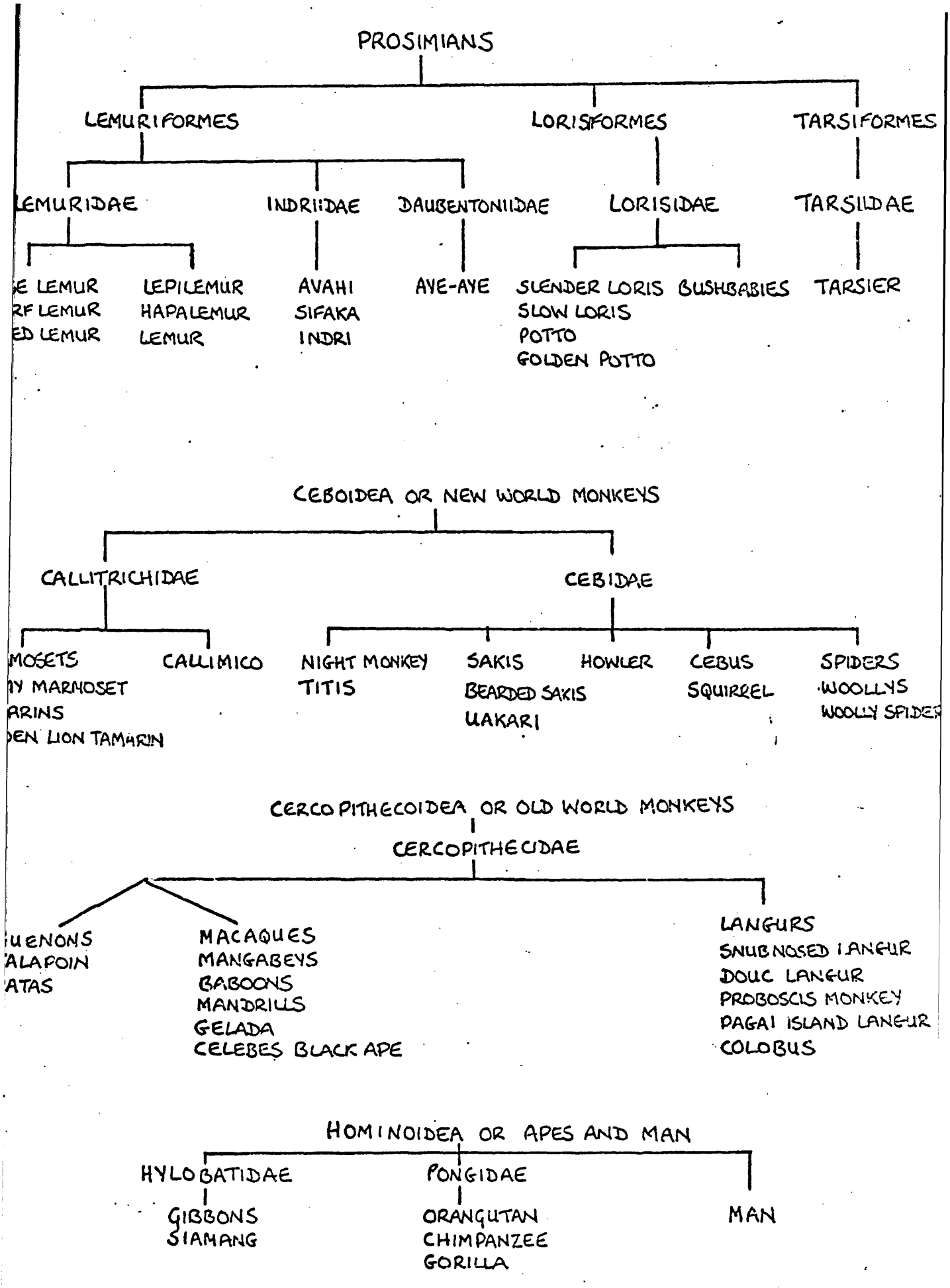


Figure 4. Taxonomy of Primates.

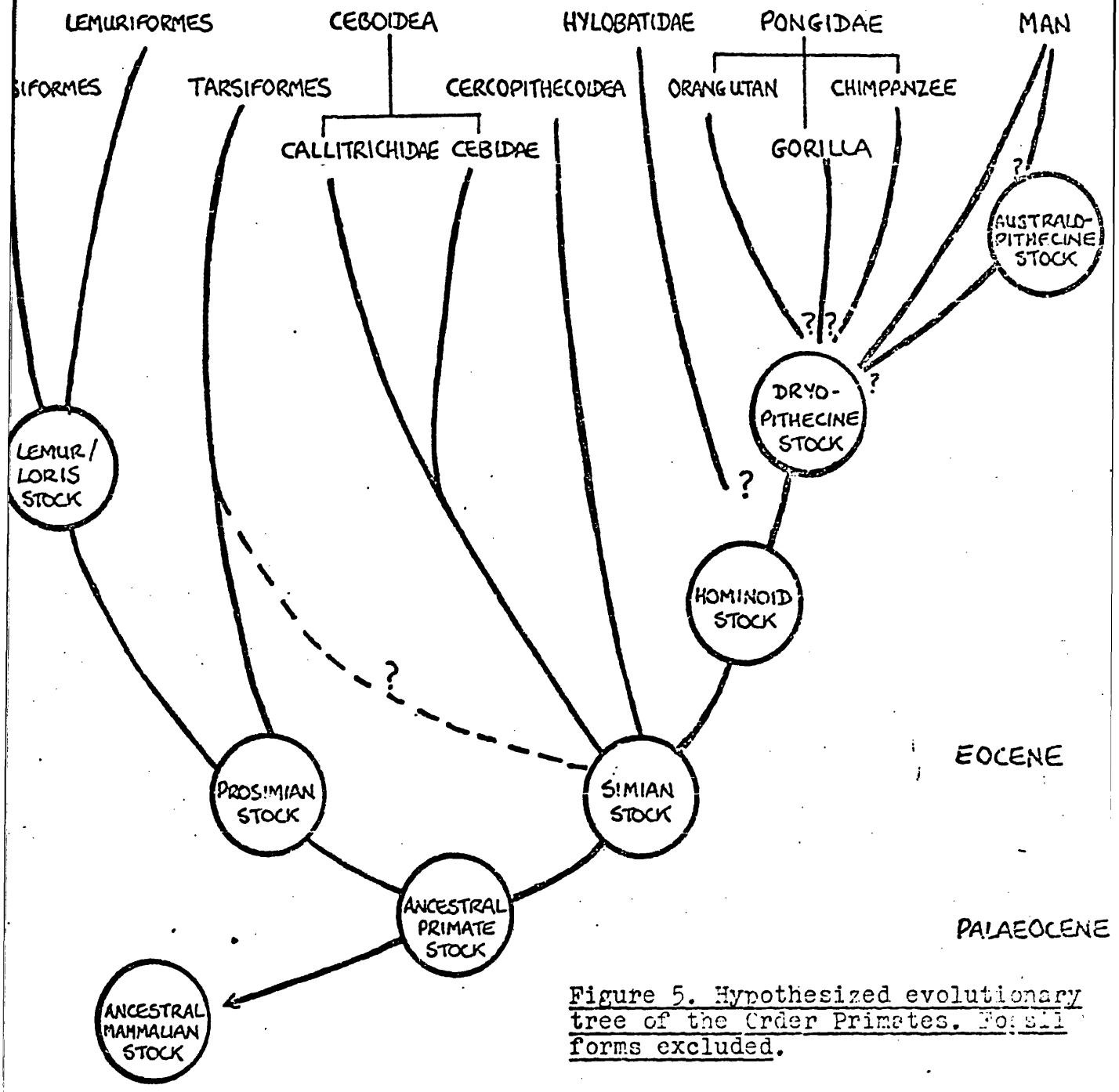
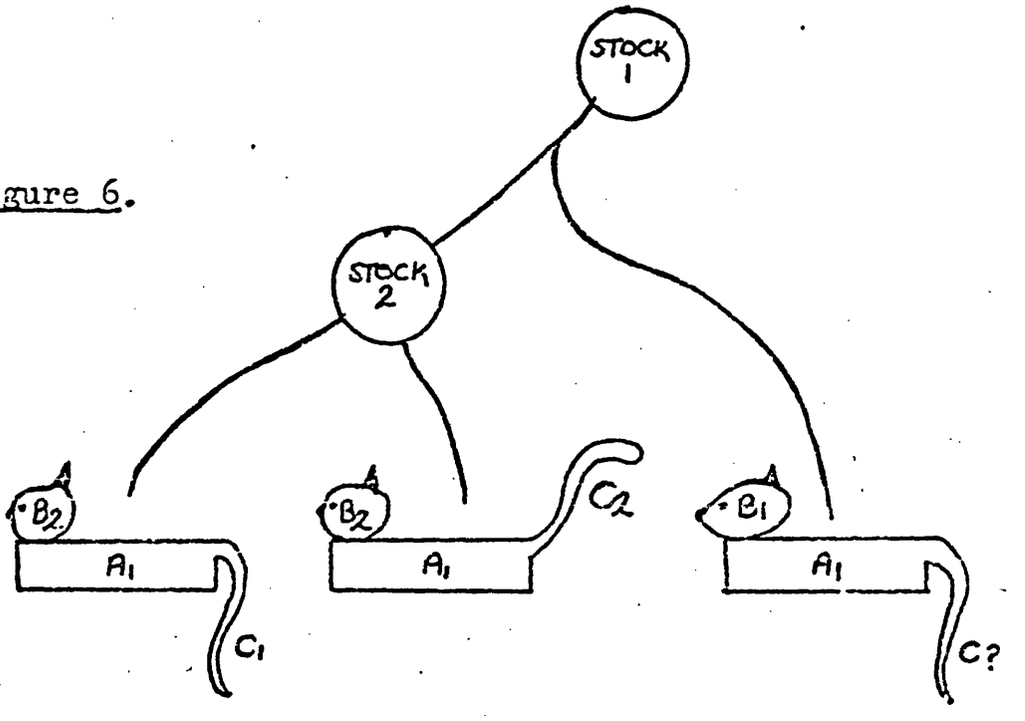


Figure 5. Hypothesized evolutionary tree of the Order Primates. Fossil forms excluded.

Modern evolutionary theory recognizes that living species are not 'primitive', nor stages which exactly parallel steps in our own evolution. Each species must be seen as having adapted to their ecological environment over the generations. Species arise because a gene pool becomes split by a barrier of some sort that prevents interbreeding between the two pools or 'demes'. The two demes adapt to differing conditions, as well as the gene pools themselves changing by different mutations taking place in each branch. The original gene pool is called the 'stock', and at each point of bifurcation on the evolutionary chart a 'stock' is postulated.

One endeavours to work backwards. Thus, in the very simple example shown in fig. 6 we might argue that the body shape A1 was present in the ancestral stock 1. But although the round head shape B2 was probably present in stock 2 it would be risky to say whether the ancestral stock 1 had a round head (B2) or an elongated head (B1). As for tail shapes, do we assume that Z's tail is C1 or C3, i.e. is it an ancestral feature, or is it an example of convergent evolution under similar ecological conditions to X? And if the latter, do we assume that tail shape C2 is ancestral, or is it too adapted so that we know nothing about the ancestral stocks tail except that it probably had one?

Figure 6.



Reynolds (1966) has tackled the problem in a fairly typical manner. He argues that:

> "Humans have species characteristic behaviour patterns underlying their patterns of social organizations and cultural norms, and these basic patterns have evolved out of the action of environmental selection pressures on the behavioural range of man's ancestral stock.... there is a substratum of inherited behavioural tendencies in man the world over, and that all cultures and systems of social organization are built on the basis of this substratum".

He says that "data on the behaviour of the large apes is relevant to a consideration of man's likely behavioural inheritance" because of their proximity to man on the evolutionary tree (- although he follows up a suggestion by Simons and Pilbeam that the gorilla line split away before the orang-utan, as shown in Fig.7).

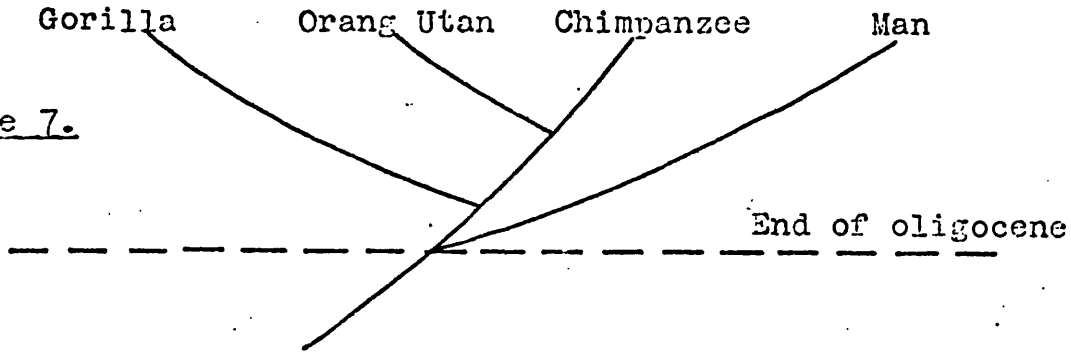


Figure 7.

Accordingly, he notes five characteristics common to the great apes but not to the old world monkeys, and says that these characteristics may have been present in the ancestral stock before the protohominid line left the forests for open savannah living:

(1) The great apes are nomadic and have nothing approaching the ownership of territory.

(2) Their groups are open, and they have a sense of community with non-group conspecifics. Individuals come and go and a range of relationships wider than the immediate group seems to be recognized.

(3) There is individual choice in sexual relationships.

(4) Adult males show exploratory behaviour.

(5) There are behaviour patterns that are "evidence of great behavioural plasticity and inventiveness at a very early stage of pongid evolution", e.g. use of tools and weapons, drumming and dancing, and making beds.

He argues that these were the significant factors that characterized the pongid stock, and shows how they might have been adapted by savannah/woodland life, then pure savannah conditions, and worked out in the behaviour of Ramapithecus, Australopithecus, and Homo Erectus. These ideas were further developed by him in a later article (1968).

Crook (1967) considers that Reynolds has weakened his argument by ignoring the evidence of the cercopithecoid data, which might be more significant than the pongid data because the cercopithecoids have actually specialized in relatively open savannah (as is postulated for the protohominids), whilst pongids have specialized in woodland conditions. He also says Reynolds has implied too fixed a genetic reaction such as is found in the courtship behaviour of birds and that he has ignored the ability to learned behaviour. On balance Crook's criticisms seem well justified , although Reynolds (1967) replied that his emphasis on genetics was a reaction to the previous excessive use of social factors in explanations of behaviour. Like Tiger and Fox he stressed that in any case "how we learn and what we learn" is an inherited ability. However, as he has recently (1976) accused another author of over concentration on chimpanzees in a work on human behaviour he may have modified his position.

Pitfalls in the use of animal studies.

Kortmulder (1968) criticises Reynolds for "taking superficial resemblances for homology. For instance, if a human behaviour pattern occurs in another species as well, this does not prove that this behaviour is not learned". This is a valid criticism and demonstrates the need for caution in this field of study. It is very easy to assume that physiological structures are homologous in species, an assumption behind Tiger and Fox's optimistic statements about the relationship between structures and behaviour patterns. An 'homologous' structure can as easily be the result of convergent evolution as an ancestral stock trait. When we move on to similar behaviour patterns in apes and man it is very dangerous to assume that they are anything but analagous - and the greater the distance phylogenetically the more likely it is that we are witnessing analogies not homologies. It is for this reason that Ardrey's and Lorenz's leaps between birds and men, wolves and men, ungulates and men, fish and men etc. are so suspect.

Wilson (1975) looks at several behaviour patterns in primates, and in the particular context of fathering behaviour calls for more caution"in affirming continuity between primates as we may be dealing with analogy rather than homology. This is a caution that needs to be more carefully observed in all evolutionary studies than it has been hitherto". In an excellent footnote he further observes:

> "One of the dangers in adducing the evolution of human behaviour from primate evidence is indiscriminate comparison often arising from the confusion between analogy and homology. All too often traits are lifted out of context and the resemblance between primate and human in one respect is emphasized while ignoring the vast overall difference. Thus the hamadryas baboon resembles man quite closely in his conjugal harem habits, but overall he is an outstandingly non-social animal. This one striking resemblance may be fortuitous and have no evolutionary significance".

But even the categorizing of items of behaviour is fraught with difficulty, for the smaller the animal the greater the likelihood there is of describing a total pattern rather than the parts of the process. One problem in ethological research is determining the level of action that is significant. Thus Cullen (1971) has asked if one is interested in a child lifting it's arm in a certain way, or in saying that the child was dominating another child. Again, he notes that a stickleback movement will look less diversified than a human's because of the size of the organisms involved. The tendency therefore is to have a gradient of descriptions from very simple patterns in small organisms to very detailed ones of people in our own community (because even the Chinese all look alike).

One must therefore be careful about the usefulness of the catagory of animal behaviour being used in the first place. (Cullen argued that there may be no such thing as a human study of ethology because the phenomena became too complex and outside the scope of traditional ethology). Hinde (1974) too makes the point that descriptions of biological data are crudely simplified and extrapolations to man are therefore hazardous by the nature of biological methodology.

Our explanations of animal behaviour are also likely to be anthropomorphic. Sampson (1971) refers to an experiment conducted by Heider and Simmel where subjects were shown a film of a rectangle with an opening in one corner. Inside the rectangle were three solid geometrical forms that moved around. The subjects were asked to describe what they saw, and they would immediately begin to describe the movement in terms of people e.g. the triangle chases the circle, the circle leaves through the door, and so on. This tendency to anthropomorphize is a tool we use to make sense and order out of our experience, but it can clearly be a source of error if we impose meanings on animal behaviour, and a source of tautology if we then argue back to man's behaviour.

The Present Position.

So far I have been full of pessimistic warnings about the dangers of ethological based studies, and the point has been arrived at where I must deal with the positive aspect of the research. The position is not so glamourous as the incautious schemes drawn by our previous authors. Ethologists and primatologists themselves have been very cautious about applying their findings to the human position. They are almost taking part in a waltz, one tentative step towards human behaviour, and two away, back to their animal studies. I would like to deal with this section by describing the present position of the protohominid studies, then looking at some recent studies by primatologists, then at some specific topics and finally giving my own summing up.

The behaviour of the protohominids is still far from certain. Even the general trend of development is open to debate. The picture until fairly recently was of a pongid stock ancestral line emerging into the woodland savannah, developing bipedalism as seen in load carrying chimpanzees, and making tools and artifacts. The cortex developed, as did new social structures and then language, religious ideas, etc.

There are several competing theories. Jolly (1970) has put forward a theory that bipedalism and several other developments (such as some secondary sexual characteristics) derived from a bottom-shuffling mode of living similar to that of the gelada thercopithecus. The gelada eats high protein grass seeds, and the theory explains manipulative ability, and the source of energy for activities such as jog trotting. Westcott (1967) suggests that bipedalism was a result of exhibitionistic display; faced with many predators in the savannahs the proto-hominid was frequently on his back legs to look impressive. Szalay (1975) has criticized Jolly's interpretation, mainly on the grounds of dentition, and has said that the most likely picture is of a hunting-scavaging ancestor.

Wilson (1975) in a very balanced article argues for a hunter-gathering ancestor:

> "There is little doubt that the earliest prehistoric human populations were hunters and gatherers - as indeed are the non-human primates, most of whom are simply gatherers. With the exception of the periodic sharing observed among meat eating chimpanzees, all non-human primates gather and feed as individuals ... Not even a mother shares the food she has gathered with her infant... Non-human primates clearly show that hunting, and especially gathering can be carried on without sharing, but human hunters and gatherers are distinguished by the fact of their co-operation and sharing".

My favourite theory, not because of it's merits but simply because it reverses all the popular writer's arguments, is Scott's (1974). He uses some evidence of Leakey's to suggest that man's ancestor was not an aggressive hunter but a timid scavanger who rushed in and snatched the prey of, say, hyenas. We are saddled today, he argues, not with an over aggressive nature but with an over fearful and anxious disposition!

As I have suggested, the hallmark of the work of most ethologists is caution. The emphasis is a steady definition and redefinition of concepts and the unravelling of complex inter-relationships between physiology, ecology and socio-cultural factors. For example, the concepts of territoriality and aggression have received considerable attention, not least because of the gross generalizations of the popular writers. Archer (1970) concludes that most of the studies on population density and aggression have been superficial and sensational, a view held by many of his colleagues.

A typical recent study of the various factors by Crook (1970) notes that terms like 'troop', 'herd' and 'party' really need more definition, even though they are a regular part of most descriptions of primates. The actual social groupings, far from being species-specific patterns, show great variability. He puts forward the following model (fig.8) to show the inter-relationship between environmental variables and social dynamics. The extrinsic variables first affect the intrinsic variables, and eventually induce changes in structure and group dynamics.

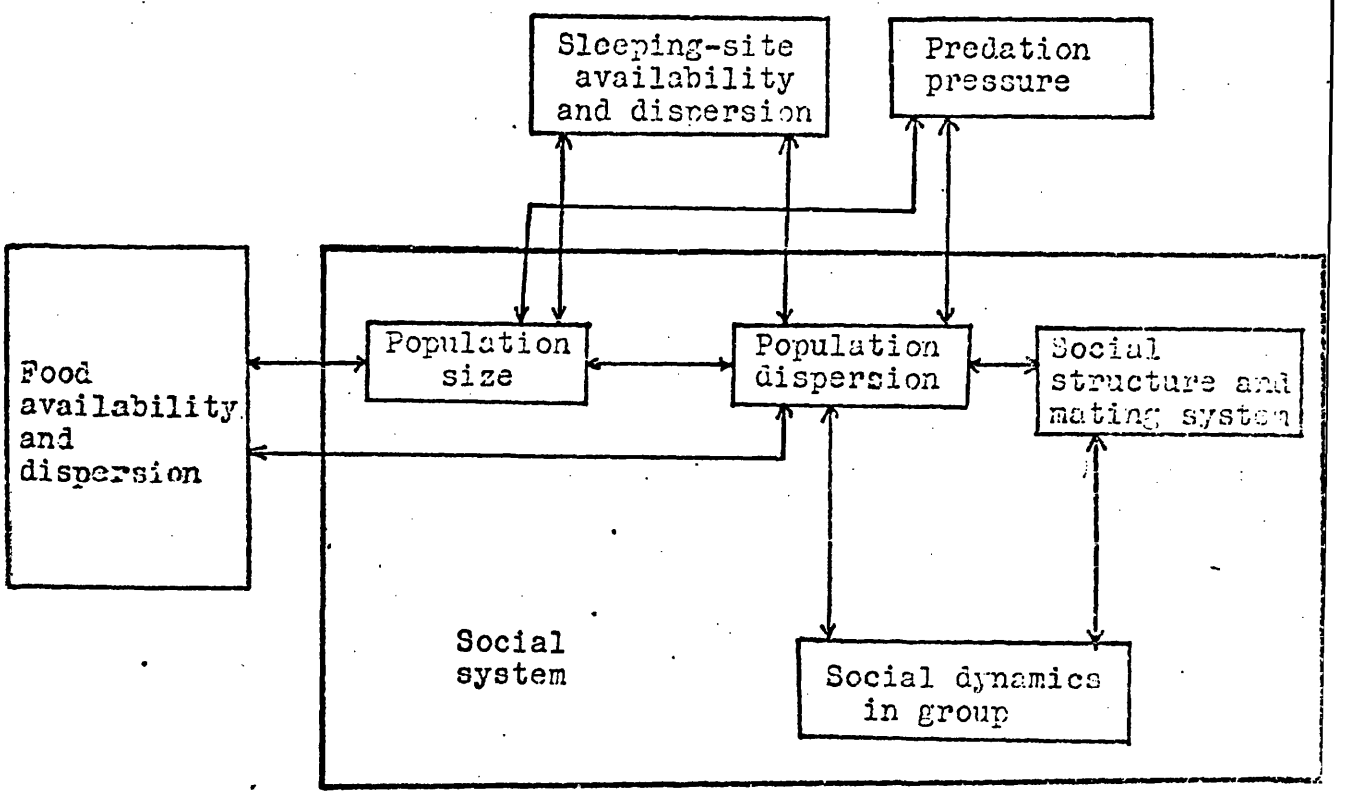


Figure 8.

As there is such intra-specific variability over time and ecological conditions any inferences about even the 'normal' behaviour of a species is fraught with danger. Aldrich-Blake (1970) stresses the need for long term studies for the same reason. He illustrates this by his own studies of the blue monkey in the Budongo. After 6 months he was convinced he knew the picture, after 9 months it was completely different, and if he had stayed longer than his 20 months he might have come to entirely different conclusions again.

Crook emphasises that the 1930's ecological search for species-specific Fixed Action Patterns is now no longer a serious approach, and that the modern emphasis is on the multiplicity of factors behind complex social behaviour - even in non-human primates. He talks also of an 'internal ecology' or the dimension of learning:

> "In primates generally, social systems may be determined primarily by ecological factors, but there are suggestions that protocultural processes may yield shifts in social organization independently from environmental pressures. With the emergence of man cultural control of society has come to mould not only social change but, increasingly, human ecology as well".

And again:

> "Certainly in studies of very primitive communities in New Guinea the complex differences in culture and personality between tribes appear to owe relatively little to gross ecological contrasts. It appears therefore that although the role of ecology can never be ignored, at some stage in the emergence of man the major determinants of social change moved to within the sphere of culture".

In fact Crook reverses the normal trend of using biological factors for explaining human social behaviour and picks up the sociological concept of role for use in explaining the social processes in primate groups. The dominance hierarchy is seen as a number of roles and the jockeying for these roles is explained partly by natural ageing but primarily as follows:

> "The behaviour of low-rankers is in almost all social respects constrained and even fearful. Such constraint may place an individual under physiological stress and induce a behavioural depression affecting health, comportment, longevity, and chances of reproduction. By contrast, high-rankers move freely about their business unconcerned by either the presence or absence of others. Escape from social positions imposing behavioural constraint appears highly rewarding and means of escape are sought."

Holloway (1974) too has edited a major work starting from the primate-species-as-a-whole standpoint. The book generally gives a good account of the behaviour of each taxonomic level of the order primates, even developing the endocrinological and neuro-anatomical dimensions. Poirer (1974) in his paper on colobine aggression uses a concept of aggression suspiciously like a Lorenzian drive, but he is careful to differentiate between primate and human aggression even though he sees parallels. For millions of years hominids have possessed "extra somatic (non-bodily) means of aggression", so that whilst non-human primates can occasionally wave sticks we can use language as a weapon or as a means of giving expression to our aggression. We can express it through cultural modes such as witchcraft, magic or games. And we can internalize it, and can delay retaliation for years. He concludes that because our technology enables us to express our aggression at long range humans need to develop cross-culturally accepted long-range appeasement gestures, analogous to short-range primate grooming, or our handshake.

Holloway himself notes that although there is "a considerable degree of homology in structure, expressions, and behavioural functioning" and that we must assume that all primates share similar neural machinery, nonetheless humans have far more selectivity of behaviour. We can, for example, continue with agonistic behaviour whether or not appeasement signals are offered. We can act aggressively with no immediate stimulus from the victims, and can act on the orders of others - as My Lai and recent events in Angola have illustrated. This point is reinforced by Milgram's (1974) study of obedience to authority where subjects were regularly induced to cause (as far as they were concerned) very considerable pain to an innocent victim, even when he asked them to stop because of his heart condition. The inducement offered was merely the request (order would be too strong a word as they were all volunteers) of a technician wearing a lab coat. They had placed themselves in what Milgram calls an 'agentic state',and consequently they did as they were told. Other experiments have even induced subjects to take risks with their own well being and safety under similar conditions (for descriptions see Gamson, 1968).

It seems strange that man with all his symbols, cognitive processes and culture is unable to develop the equivalent of appeasement gestures that in animals generally (this is usually stated as 'always' but they are not foolproof) stops further aggression towards conspecifics immediately. Lorenz and Ardrey say that this is man's chief failing, and it forms the crux of their case. But it is not really a paradox. It is <u>because</u> of man's cognitive abilities that he can commit these acts of aggression. Milgram shows that subjects devalued the victim as less than human, even as deserving pain. And Holloway makes the point that it is not a <u>loss</u> of control but perhaps <u>super</u> control, where culture can overcome biological forces.

Most writers agree with Lorenz that aggression is not maladaptive but is primarily a "way of competition not of destruction". But they also note that 'agonistic behaviour' consists of both actual aggression ("a massive physical impact directed at a conspecific") and non-contact threats (e.g. Nagel and Kummer, 1974). And it is on these threats that our nearest phylogenetic neighbours almost totally depend. Pitcairn (1974) observes that in this respect the great apes differ from the old world monkeys and baboons, and explains the difference because of the non-rigid, open social structure of the apes which they do not defend from other conspecifics. Thus there is a hint that culture is making itself felt amongst the great apes in that they rely on threatening displays and gestures rather than actual contact violence. Certainly this distinction between threats and actual aggression makes a nonsense of the arguments of the popular writers.

Jolly (1972) deals chiefly with non-human primates and is very loath to argue from apes to men. "We can hardly expect to reconstruct the behaviour of protohomids from the behaviour of primates alone when we cannot extrapolate from a North Indian Langur to a South Indian Langur".

She says that the concept of territoriality is too broad and obscures important distinctions. She describes the 'homerange' which is "the area normally occupied by an animal throughout its adult life". It is possible that there is a separate summer and winter homerange, and in this case migration routes would be excluded from the definition. The homerange is normally shown as a shaded area on a map, the boundaries being the furthest known points of an animals wandering."This is misleading. Animals, like humans, have known familiar paths from bed to supermarket to local bar - or sleeping tree to feeding tree to waterhole". Thorpe (1974) makes the same point:

> "Mammalian territory consists not so much of a unitary order as of a number of places - first- and second-order homes, spots for sunbathing and resting, lookout posts and feeding areas - connected by a network of pathways. The owner of the territory moves along the paths to his various points of interest and activity according to a more or less fixed timetable, and the spaces enclosed by the pathway network are seldom, or never, used. As Leyhausen points out, in defending their territories most solitary mammals are at a great disadvantage as compared with birds. They cannot project themselves onto the highest perch and from there survey the whole of their territory; and most mammals do not 'mark' their presence acoustically. So they may often fail to notice trespassers."

Jolly differentiates 'territory' from homerange, and divides it into 'defended territory' and 'exclusive territory'. The former is the area the animal will defend successfully, the latter is a zone into which other animals will rarely stray and never stay. She also has another similar category to the latter, the 'core area' where an animal "habitually sleeps, feeds and so on".

In dealing with the associated concept of aggression Jolly makes the important point that although insects such as ants are said to engage in war, the species involved may be as different from one another as are the thousands of rhesus monkeys we grind up for vaccine from us. She concludes that war is unique to man. The agonistic behaviour of other primate species she sees as complexly adapted to their own particular pattern of life, and not as a unitary drive to be channelled into display or bickering.

Johnson (1972) takes a different approach to the subject but ends up with similar conclusions. He takes the topic of aggression then looks at its occurence in man and animals, straying into all sorts of disciplines. Although conspecifics are said to rarely kill one another, Johnson makes the point that even if the incidence of conspecific killings was as high as that in American suburbs it is very unlikely that observers would ever see such a killing. Where long studies have taken place in the wild killings have been observed, even amongst the specialist killers that Tinbergen and Lorenz say have developed inhibitory devices e.g. lions. But like Jolly he thinks that there is nothing in the animal or insect kingdoms to compare to human warfare.

In this fairly brief account of the recent scientific literature on animal behaviour I have tried to review the current thinking on the concepts of territoriality and aggression, topics which are of considerable importance to students of human behaviour. When we consider the cautious approaches and careful definitions of these writers it is not surprising that their view of the popular writers is less than sanguine. Crook (1970), talking about Ardrey, etc., says that the development of a conceptual framework for the biological approach to social origins has been "marred by a tendency to accept simplicist or unitary explanations of social life". It would certainly be a pity if their interesting and thoughtful work fell into disrepute because of "simple minded yet trendy speculation by popularizers of the subject" (Crook).

Conclusions.

We have a long evolutionary history, and we have bodies. It is therefore highly unlikely that our behaviour is totally divorced from our biology. However, in trying to make the links, and particularly in trying to formulate grand explanatory models, the utmost care is needed. Hinde (1974) has noted two opposing forces. The first is the unifying theory of evolution by natural selection that emphasizes man's continuity with the rest of nature; the second is the ecological fitness of each species and the tremendous difficulties therefore about even generalizing to the genera as a whole. These forces indicate the charm and the dangers of animal studies for deriving theories. And even when a general theory can be posited there is the need to qualify it because each individual's behaviour is so modified by genetics, endocrinology, experience, social situations, and so on.

And it is at this point that the disharmonies arise. There is a clash between attempts to deal with the gross patterns of behaviour of the species as a whole, and the more clinically orientated approaches that concern themselves with individuals and their behaviour. Can we in fact synthesize the two, or will there be constant (defensive?) accusations that any general theories extrapolated are banal, over deterministic, and do an injustice to the complexity of behaviour? Or are the cognitive processes and cultural environments of humans such that it really is impossible to extrapolate such general theories? My own inclinations are towards the latter position - but I was recently (since writing the draft of this paper) so struck by the similarity between the internal processes of a group, of which I was a member, and patterns in some non-human primate groups that I am now no longer so sure. Certainly the social interactions of the group seemed to be linked to very basic biological factors such as age and sex. Probably it was an example of analogy and coincidence, but one would like to observe a number of such groups with varying permutations of sex and ages to test the matter further.

The use of animal paradigms still needs much care. It has been suggested that the success of writers like Ardrey, Morris and Lorenz is attributable to the need of modern man to deny responsibility for his actions, particularly violent actions. This may be so, but it no excuse for promulgating grossly misleading, inaccurate theories by men with a scientific standing in the community. Theories that ignore the fact that man has a rich and ancient heritage of culture and cognitive ability that can and does overcome any vestigial bestiality, it may even be these factors which cause him to appear more beastly than the beasts.

There are many analogies from the animal world that one would like to have introduced into the paper, especially from the viewpoint of the organizational analyst. I would also like to have developed several more themes, such as the aggressive behaviour of new born infants and the psychodynamics of its suppression or development; a more complete picture of the protohominid ancestor; and culture change in primate groups. However time and space prevented me, which is as well because I would doubtless have fallen into the very traps I have warned against.

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APPENDIX III

TEAM MANAGEMENT, ENTROPY AND INFORMATION OVERLOAD.

Because of various influences (dealt with in the main body of this thesis) the architects of the Reorganization decided that to opt for local government style chief executives was virtually impossible. Who would fill the role? What doctors would present themselves for such a position? Probably the ones least likely to carry the support of their medical colleagues. Medical Superintendants had been abandoned once, they would not be accepted again. Could an administrator fill the role? Nurses had only just succeeded in establishing their right to independence and would be very unwilling to relinquish it again. It is almost inconceivable that doctors would accept an administrator as chief executive, and it is quite inconceivable that they would accept a nurse.

So the idea of a team and consensus management was put forward, and teams were set up at regional, area and district levels. There would be no one boss, each

would take the lead in their own area of expertise, and part-time consultant and general practitioner members could be added to the basic team to combat fears from medical staff that their power was being eroded. As a solution it reflected trends at the operational level, it promoted participation, and it dodged the impossible problem of selecting a chief executive. Nor did it stop at statutory teams but was applied to all sorts of situations, and now committees of one sort or another are as numerous as Pharaoh's ants in our NHS.

However, there are costs involved, the main two being the slowing down of decision making and the lack of clarity of objectives. This is clearly recognized in the DHSS recommendations for the NHS in time of war. Area Medical Officers, for example, assume all the power of their Area Team of Officers and become supremos instantly. In wartime it is apparently acceptable to risk alienating staff groups and some errors of judgement in order to promote speed of decision making. The opposite is true in peacetime.

It is not my intention to conclude from the foregoing that the concept of team management should be abandoned (in favour of what?) but to concentrate on looking at the real constraints facing multi-disciplinary teams, and the consequent practical difficulties they face. It is particularly important that team members recognize the disadvantages of the team approach so that they can constantly be taking actions to avoid the worst pitfalls. The problem is not helped by the lack of experience most NHS staff (or anyone else) have of multi-disciplinary consensus management. There is plenty of experience of team work at operational level, but team management by consensus is a highly sophisticated concept and is correspondingly rare.

It is clear from the growing literature, and from many discussions, that up and down the country individuals are confused and frustrated as they try to find out where their team member responsibility ends and their individual responsibility begins. In many cases it has not even been made clear what is expected of the team they are members of: information sharing, power sharing, participation, executive, or what? Or even what type of team they

are expected to be: a corporate group, a consensus group, a committee? There is a real need for authorities everywhere to clearly define what is expected of the teams and committees they establish.

Even where this is done, however, there are other problems. The two major ones are entropy, and information overload. The first is the dissipation of energy, and the second means that everyone becomes involved in more and more activity.

Entropy

Entropy refers to the dissipation of energy in all natural systems. It is the consequence of the second law of thermodynamics. Under its influence order tends to disorder, structure tends to chaos, codes tend to nonsense. It is the process of decay, the running down to a state of inactivity. Entropy is only countered by the application of more energy and intelligence. Without intelligence the effects of decay are not redressed and the additional energy is not used effectively. In an organization practising multiplicity of command entropy will occur because energy is so quickly dissipated when decision making is slow and objectives are unclear.

The addition of extra cash or staff without a more intelligent use of those resources can do the organization no good at all. The NHS is already wasting resources/energy by not countering the disadvantages of multi-disciplinary management, and is sliding towards more and more inactivity. We are spending more and more time consulting and negotiating and getting nowhere. Paradoxically, the more consultation and participation there has been, the more ineffective our planning and management has become. People are no longer sure what responsibilities they have, or what objectives they are aiming for.

Information overload.

Too much information applied indiscriminately will render any system inoperative. This is true of humans, computers, or filing systems. The useful component of the system, say the decision-making part, is overwhelmed. That is why most of the massive amount of data picked up by the human body's various receptors is screened out and never reaches consciousness, A simple example is a person speaking on the telephone who does not hear his secretary's typewriter. On the other hand, a very efficient method is required to

pick up the relevant from the irrelevant, and to alert the system instantly when something unusual occurs, e.g. suddenly noticing a car's engine noise as you absently step into the road, and springing out of the way. Computerised controls need the same mechanisms. Unfortunately, such mechanisms are not well-developed in organizations, and information is constantly increasing. In the multi-disciplinary team situation at all levels, the problem will tend to proliferate as individuals struggle to cope with wider and wider ranges of problems.

This is why we need to define what we expect of teams. Some work well because they have developed some objectives and a concept of their raison d'etre. Others are displaying signs of entropy and information overload. Without a definition of the team's role the role of team members cannot be defined, and even definition of membership is problematic (not that this stops membership growing).

Take for example a sector team that has been established primarily to encourage collaboration and share decision making in those situations where unidisciplinary inputs are insufficient to provide effective day-to-day management. This means that an

administrator and nurse will be involved. (Immediately we have the problem that we may need two nurses if general and midwifery or mental nursing are represented within the sector but without a single nurse in charge of the site). A doctor will be included even though no doctor has any responsibility for the day to day running of the whole sector. His position on the team will be qualitively different from the administrator and nurse who are accountable for specific responsibilities and have staff for whom they are responsible. Other staff groups are included because of political reasons (given a practical rationale) e.g. professional and technical staff, works staff and ancilliary staff representatives. They too take part in the business of the team but, like the doctor, they cannot be held formally accountable for their role.

Suppose a sector team overspends its budget or in other ways performs badly. The administrative and nurse members could be disciplined because of their poor performance as managers, but a doctor, a physiotherapist, a laboratory scientist, or whoever else is on the team, could not be so disciplined. How realistic would it be to expect such a team to

be responsible for management? And how fair is it on those officers with managerial responsibilities to pretend to be nothing more than equal members?

Yet the tendency is for more and more groups to want to become involved in planning and management. (One wonders what will happen to our statutory teams when ancilliary and professional and technical groups other than nursing decide that they have as much right as anyone else to be on district management teams, area teams and regional teams). It only needs someone to say "wouldn't it be a good idea if so and so was on the team" for that team to sprout a new member. And both personnel officers and supplies officers have been coming up with such ideas to name but two from one discipline.

Naturally, the more people that sit on a team, the more items will interest or involve some of them. This means that more and more paper is produced and time is consumed, and many people handle data that is really irrelevant to them. Similarly, it becomes harder to identify the significant from the insignificant, and the proliferating minutes become harder and harder for more senior levels to process.

This leads to further problems, some of the vicious circle type. Once meetings become merely informational, and frankly boring, the more likely it is that less able individuals will take part in them. (This is true only of teams and committees whose membership is not statutorily linked to certain office holders). Again, there is less commitment to meetings, so that assistants or deputies are sent, and a considerable variation in faces can occur from meeting to meeting. This must destroy feelings of corporate identity and responsibility. In turn, the matters handled have to be increasingly less significant. Entropy. The worst meetings have to be endured to be believed. They are only mechanisms for sharing information in a very inefficient manner and their agendas grow in length and prosaity. Often they are also repetitious, because they are re-runs or previews of other meetings. When many of the same faces crop up at several different meetings because of their role as representative of a discipline then we must question the wisdom of our structures.

Conclusion.

That multi-disciplinary management can lead to delays and frustrations is indisputable, but this does not destroy the advantages of team management and participation at all levels. The need is not to try and return to a less participative system, but to try and be more discerning about our approach to it. We need to recognize the twin evils of entropy and information overload and the factors leading to them, so that we can employ intelligence as well as energy in combatting them.

Firstly we need to think long and hard before forming any team, committee or working party, and to define its purpose. For what is it to be held responsible, and are individuals already responsible for those duties?

Secondly, membership needs to be defined in terms of the goals to be achieved. In the case of executive groups especially, only those who can be held accountable should be identified as full members, all others must have their separate role defined e.g. liaison officers, advisory members, etc.

Thirdly, except for full members all others should attend only for items of relevence to them. There must be an enormous waste of professional staff time throughout the NHS every day as a result of the negligent way meetings are organized.

Fourthly, as far as possible, exclude all informational items from the agenda and from discussion, and develop separate modes of disseminating it. Information is not a harmless luxury or a status symbol. It is an absolute necessity where needed, but a dangerous source of overloading everywhere else. Contrary to popular modern belief (and the sales brochures of photocopying equipment) I believe we should try to err on the side of under-informing, not over-informing. Instead, we should provide better sources of information availability, such as indices of minutes, central filing systems, etc.

Fifthly, decisions should be carefully recorded and appropriately passed on for action. These decisions should then be monitored to ensure that action really has taken place.

If entropy and information overload are not going to drag the process of the NHS to a standstill officers everywhere will need to be far more discerning in their approach to multi-disciplinary management and not use it merely as a political expedient. It is a valuable approach to management (even in wartime) but it has weaknesses as do all systems. Instead of wringing our hands let us learn instead to use it well.

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